


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H19296			
1. Entity Name M&A INSURANCE & FINANCIAL SERVICES, INC.			
Principal Place of Business 8200 N.W. 33 STREET SUITE 103 MIAMI, FL 33122		Mailing Address 8200 NW 33 ST. SUITE 103 MIAMI, FL 33122-1930	
DO NOT WRITE IN THIS SPACE			
		01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2442948	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABINOWITZ, MARTIN K 8200 N.W. 33 STREET SUITE 103 MIAMI, FL 33122-1942		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	RABINOWITZ, MARTIN K		
STREET ADDRESS	8200 N.W. 33 STREET #103		
CITY-ST-ZIP	MIAMI, FL 331221942		
TITLE	P		
NAME	RABINOWITZ, MARC J		
STREET ADDRESS	8200 NW 33 ST., #103		
CITY-ST-ZIP	MIAMI, FL 331221942		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/10/06 305-594-0774 <small>Date Daytime Phone #</small>	