

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 020 ***150.00



DOCUMENT # H24821		1. Entity Name STUDENT INSURANCE SERVICES, INC.	
Principal Place of Business 13001 NW 42ND AVENUE SUITE 200 OPA LOCKA, FL 33054 US		Mailing Address P O BOX 4397 HIALEAH, FL 33014-0397 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAHAM, KATHLEEN A. 1205 BALBOA COURT FT. LAUDERDALE, FL 33326		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GRAHAM, JR., FRANCIS G. 1205 BALBOA COURT FT. LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, KATHLEEN A. 1205 BALBOA COURT FT. LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.			
SIGNATURE:		6/4/04 305-685-2886	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



05112004 Chg-P CR2E034 (10/03)

4. FEI Number **59-2467843** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



Division of Corporations

44046476

Annual Report

Page 1

Document Number

H24821

Business Entity Name

STUDENT INSURANCE SERVICES, INC.

FEI Number

592467843

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired Yes No

Principal Place of Business

Address

13001 NW 42ND AVENUE

Suite, Apt. #, etc.

SUITE 200

City, State

OPA LOCKA

FL

Zip Code & Country

33054

US

Mailing Address

Address

P O BOX 4397

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

330140397

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

GRAHAM, KATHLEEN A.

Address

1205 BALBOA COURT

Suite, Apt. #, etc.

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33326

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

[Signature Line]

74046476



Division of Corporations

Annual Report

Page 2

Document Number

H24821

Business Entity Name

STUDENT INSURANCE SERVICES, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

44046476

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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[Public Access Help](#)



Attachments
44046476

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 12, 2004

STUDENT INSURANCE SERVICES, INC.
P O BOX 4397
HIALEAH, FL 33014-0397 US

SUBJECT: STUDENT INSURANCE SERVICES, INC.
Ref. Number: H24821

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.


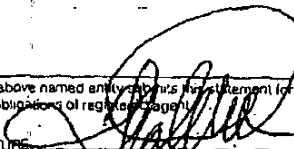
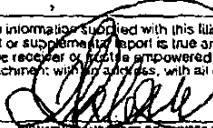
If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 904A00033116

Attached PENDING
05-03-2004 90744 024 ***150.00
44046475 P02000060550

2003 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060550			
1. Entity Name ILY IRON WORKS, CORP.			
Principal Place of Business 7190 W. 12 LN. HIALEAH, FL 33014		Mailing Address 7190 W. 12 LN. HIALEAH FL 33014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 27-0016870		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of Now Registered Agent	
		Name JOSE MIGUEL PADRON	
		Street Address (P.O. Box Number is Not Acceptable) 7190 WEST 12 LANE	
		City HIALEAH	
		FL Zip Code 33014	
8. The above named entity is making 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 		ILIANA PADRON 4-28-04 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ILIANA PADRON 7190 W 12 LN. HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		ILIANA PADRON 4-28-04 305-827-1798 DATE	

Attachment
#707000060550
44046475

Iliana Padron
7190 W. 12 LN.
Hialeah, FL 33014

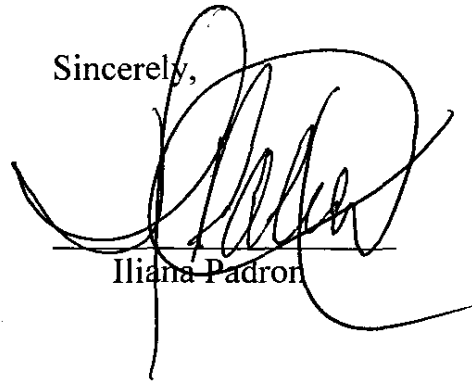
June 1, 2004

To Whom It May Concern:

This is a brief letter stating that I did not receive any notice in which reminded me about the renewal of the Uniform Business Report for 2004 of my company Ily Iron Works, Corp. Along with this letter you will find my UBR for the year of 2004 and a check in the amount of \$150.00.

I thank you in advance for your help and understanding. If there are any questions please feel free to give me a call at (305) 827-1798.

Sincerely,



Iliana Padron

Attachment
44046475



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 20, 2004

ILY IRON WORKS, CORP.
7190 WEST 12 LANE
HIALEAH, FL 33014 US

SUBJECT: ILY IRON WORKS, CORP.
Ref. Number: P02000060550

We have received your document for ILY IRON WORKS, CORP. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2003 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2003 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2004 Annual Report/Uniform Business Report and Supplemental Fee.

There is a balance due of \$750.00. If a certificate of status is desired, please add an additional \$8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 404A00035668