# FILED Jun 09, 2004 8:00 am

2004 FC	JK PKOFII	CORPORATI	ON
1	ANNUAL	REPORT	

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2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05112004	Chg-P	CR2E034 (10/03)	
City & Stat	e .	City & State			4. FEI Number 59-24678	343	<del></del>	plied For t Applicable
Zip	Country	Zip	Count	гу	5. Certificate of	Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
CDALIAN	VATULEEN A			Name				
	KATHLEEN A. BOA COURT		ŀ	Street Address (	P.O. Box Number	is Not Accentable	<u> </u>	
	ERDALE FL 33326	لهم جينة براء به دمهد	محد محت		Dox Number		- <del>حسج</del> <del>حس</del> ت مح <i>م</i> ك	·
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				City			FL Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or register	ed agent, or both.	in the State of Flo	orida. I am familiar with.	and accept
	ions of registered agent.			-	,			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Redistered	Agent signature required	when reinstating)		DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	9. Election Campai Trust Fund Cont	•	~ _ +•.	00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS /CI	HANGES TO DEE	ICERS AND DIRECTORS	S IN 11
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NAME*	GRAHAM, JR., FRANCIS G.	☐ Delete	NAME				Change	Addition
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CITY-ST-ZIP	FT. LAUDERDALE, FL 33326			ST-ZIP				
			-	31-21				
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NAME	GRAHAM, KATHLEEN A.		NAME	1				
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CITY-ST-ZIP	FT. LAUDERDALE, FL 33326		CITY-	ST-ZIP				
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indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that r	ny signati	ure shall have the s	same legal effect a	as if made under d	oath: that I am an officer	or director
of the car	poration or the receiver or trustee empo or on an attachment with an address, to	swered to execute this report.	as require	ed by Chapter 607	', Florida Statutes;	and that my name	e appears in Block 10 or	Block 11 if
	, or or an anachillent will all audigss, t	ныя аполютика спірометео.						

FEI Number

FEI Number Status





## **Division of Corporations**

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## Annual Report

Page 1

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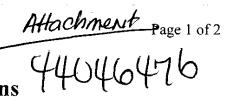
Document Number Business Entity Name STUDENT INSURANCE SERVICES, INC.

· C Applied For C Not Applicable © Current

Certificate of Status De	sired C Yes 6 No
Pr	incipal Place of Business
Address	13001 NW 42ND AVENUE
Suite, Apt. #, etc.	SUITE 200
City, State	OPA LOCKA , FL
Zip Code & Country	33054 US
1	Mailing Address
Address	P O BOX 4397
Suite, Apt. #, etc.	
City, State	HIALEAH , FL
Zip Code & Country	330140397 US
Name Aı	nd 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.

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Registered Agent Signature	1	
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## **Division of Corporations**

## Annual Report

Page 2

Document Number

H24821

Business Entity Name

STUDENT INSURANCE SERVICES, INC.

Election Campaign Financing Trust Fund Contribution O Yes • No

### Officer/Director Name And Address

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Division of	Corporations	<b>5</b> + ⊗	•	Attach	meak Page 2 of 2	2
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	Dip Code & Country	1	na wa			
.c	List more than six Officer	s/Directors 🏵 N	o additional O	fficers/Direc	tors to list	
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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

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2003 FOR PROFIT CORPORATION
ANNUAL REPORT

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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 <u>Uniform Business Report for 2004of</u> 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 Padroi



Secretary of State

May 20, 2004

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

SUBJECT: ILY IBON 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 addran 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