

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70580

FILED
Jan 13, 2005
Secretary of State

Entity Name: BECK & LO'S INSURANCE AGENCY, INC.

Current Principal Place of Business:

% BRUCE M. BOIKO
12190 S.W. 100 ST.
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

% BRUCE M. BOIKO
12190 S.W. 100 ST.
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0065191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ DE CASTRO, ILEANA J
12190 SW 100TH STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MARTINEZ DECASTRO, O, RLAN
Address: 12190 S.W. 100 ST.
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: MARTINEZ DECASTRO, I, LEAN
Address: 12190 S.W. 100 ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA

PD

01/13/2005

Electronic Signature of Signing Officer or Director

Date