
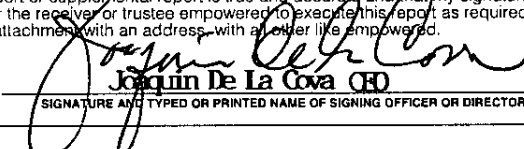


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90048 024 \*\*\*158.75

<b>DOCUMENT # K07169</b> 1. Entity Name <b>INSURANCE NETWORK SPECIALTIES, INC.</b>					
Principal Place of Business <b>1660 N.W. 65 AVENUE SUITE 1 PLANTATION, FL 33313 US</b>			Mailing Address <b>P. O. BOX 16172 PLANTATION, FL 33318 US</b>		
2. Principal Place of Business <b>1801 N. PINE ISLAND RD.</b> Suite, Apt. #, etc. <b>200</b>			3. Mailing Address <b>P.O. Box 16087</b> Suite, Apt. #, etc.		
City & State <b>PLANTATION</b>			City & State <b>PLANTATION</b>		
Zip <b>33322</b>		Country <b>U.S.A.</b>		Zip <b>33318</b>	
Country <b>U.S.A.</b>		4. FEI Number <b>65-0018302</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DE LA COVA, JOAQUIN 1660 N.W. 65 AVENUE #1 PLANTATION, FL 33313</b>			7. Name and Address of New Registered Agent Name <b>DE LA COVA JOAQUIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 N. PINE ISLAND RD.</b> <b>SUITE # 200</b> City <b>PLANTATION</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DE LA COVA, JOAQUIN 1660 N.W. 65TH AVENUE #1 PLANTATION, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO De La Cova, Joaquin 1801 N. Pine Island Rd. # 200 Plantation, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another life empowered.					
SIGNATURE:  <b>Joaquin De La Cova CEO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/03/04 (954) 587-6611 <small>Date Daytime Phone #</small>		

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03022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0018302 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
DE LA COVA JOAQUIN  
Street Address (P.O. Box Number is Not Acceptable)  
1801 N. PINE ISLAND RD.  
SUITE # 200  
City  
PLANTATION FL Zip Code  
33322

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO De La Cova, Joaquin 1801 N. Pine Island Rd. # 200 Plantation, FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:   
Joaquin De La Cova CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/04 (954) 587-6611  
Date Daytime Phone #