

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 14, 2006 8:00 am
Secretary of State**

05-04-2006 90244 050 ***150.00

DOCUMENT # K46461

1. Entity Name
INSURE PLEX, INC.



Principal Place of Business
**13200 S.W. 128TH STREET, BLDG G4
MIAMI, FL 33186 US**

Mailing Address
**13200 S.W. 128TH STREET, BLDG G4
MIAMI, FL 33186 US**

66018777



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0078408

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIBADEO, MANNY
561 WEST 39 STREET
HIALEAH, FL 33012**

**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: *Manny Ribadeo* **PRESIDENT**

(NOTE: Registered Agent signature required when reappointing)

DATE **4-18-06**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
RIBADEO, MANNY
STREET ADDRESS
13200 SW 128TH STREET, BLDG G4
CITY-ST-ZIP
MIAMI, FL 33186

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE: *Manny Ribadeo* **PRESIDENT**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE **6/14/06** DAYTIME PHONE # **305 235 3835**