

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L21804

1. Entity Name
LEN FELDMAN INSURANCE AGENCY, INC.



Principal Place of Business
**4955 NORTH UNIVERSITY DRIVE
STE 17 A
FORT LAUDERDALE, FL 33351-4506 US**

Mailing Address
**4955 NORTH UNIVERSITY DRIVE
STE 17 A
FORT LAUDERDALE, FL 33351-4506 US**

DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0161036

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDMAN, LEONARD
4955 N UNIVERSITY DR
STE 17 A
FORT LAUDERDALE, FL 33351**

**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

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, 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
NAME
STREET ADDRESS
CITY ST ZIP
**PV
FELDMAN, LEONARD
1862 NW 97TH AVE
PLANTATION, FL 333225666**

TITLE
NAME
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CITY ST ZIP

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UD00000483395
04/11/06-80119-014 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2006 954 742-8659

LEONARD FELDMAN, PRESIDENT