


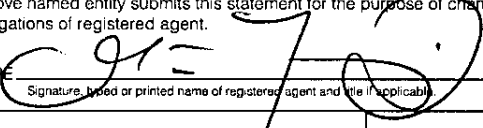
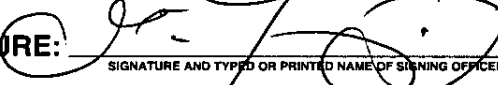


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L44194 1. Entity Name 36TH STREET INSURANCE AGENCY, INCORPORATED						FILED 04 OCT -6 PM 12:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3625 NW 36 STREET MIAMI, FL 33142			Mailing Address 3625 NW 36 STREET MIAMI, FL 33142						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09302004		Chg-P		CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0199657		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LANN, LEON 8573 SW 144 COURT MIAMI, FL 33183				Name MARIA LUISA Oden Street Address (R.O. Box Number is Not Acceptable) 6131 SW 5 ST. City Maegate FL Zip Code 33068					
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 				(NOTE: Registered Agent signature required when reinstating)		DATE 10.1.04			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANN, LEON A. 8573 S W 144TH COURT MIAMI, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary LANN, LEON A 8573 SW 144 Ct Mia FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ODEN, MARIA-LUISA 6131 SW 5 ST. POMPANO BEACH, FL 33068 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Anthony L. Oden 6131 SW 5 St Maegate, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANN, DAVID K 3140 MAPLE LN. DAVIE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	000041605780 10/05/04--01039--006 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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				
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				
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				
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 all other like empowered.									
SIGNATURE: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA LUISA Oden		Date 10.1.04		Daytime Phone # 305.635.1911	