

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L44194
 1. Entity Name
 36TH STREET INSURANCE AGENCY, INCORPORATED



Principal Place of Business: 3625 NW 36 STREET, MIAMI, FL 33142
 Mailing Address: 3625 NW 36 STREET, MIAMI, FL 33142



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0199657
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ODEN, MARIA LUISA
 6131 S.W. 5 STREET
 MARGATE, FL 33068

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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 _____

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	S
NAME	LANN, LEON A
STREET ADDRESS	8573 S W 144TH COURT
CITY - ST - ZIP	MIAMI, FL
TITLE	P
NAME	ODEN, MARIA-LUISA
STREET ADDRESS	6131 SW 5 ST.
CITY - ST - ZIP	POMPANO BEACH, FL 33068
TITLE	ST
NAME	LANN, DAVID K
STREET ADDRESS	3140 MAPLE LN.
CITY - ST - ZIP	DAVIE, FL
TITLE	V
NAME	ODEN, ANTHONY L
STREET ADDRESS	6131 S.W. 5 STREET
CITY - ST - ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/10/06-80010-008 150.00

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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: Maria Luisa Oden 1/4/06 305-635-1911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #