


**2007 FOR PROFIT CORPORATION  
-ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L44194</b> 1. Entity Name 36TH STREET INSURANCE AGENCY, INCORPORATED	
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Principal Place of Business 3625 NW 36 STREET MIAMI, FL 33142	Mailing Address 3625 NW 36 STREET MIAMI, FL 33142
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0199657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ODEN, MARIA LUISA  
6131 S.W. 5 STREET  
MARGATE, FL 33068

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	S LANN, LEON A 8573 S W 144TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODEN, MARIA-LUISA 6131 SW 5 ST. POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANN, DAVID K 3140 MAPLE LN. DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ODEN, ANTHONY L 6131 S.W. 5 STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/03/07-80015-012 150.00

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:  **Anthony Oden** *1/3/07* **305-635-1911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #