

**2007 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED
Jan 08, 2007 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**

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 ☐ **\$8.75 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

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, 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	

U00000578090
01/03/07-80015-012 150.00

**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

1/3/07
Date

305-635-1911
Daytime Phone #