


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90075 031 \*\*\*150.00

<b>DOCUMENT # L59134</b> 1. Entity Name <b>ONE STOP INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>17088 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>17088 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02182006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>59-2997161</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> 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  <b>STARR, GLENN 17088 W. DIXIE HIGHWAY N MIAMI BEACH, FL 33160</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PSTD STARR, GLENN 1525 NE 167 ST N MIAMI BEACH, FL <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	
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 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.					
<b>SIGNATURE:</b> _____			3/7/06    305 949.9008		
SIGNATURE AND ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

ATTACHMENT

40029668

#L59139

SIEGELAUB & ASSOCIATES, P.A.

Certified Public Accountants

2801 N. UNIVERSITY DRIVE, SUITE 301

CORAL SPRINGS, FLORIDA 33065

954-753-2222

FAX 954-753-1123

**URGENT – YOUR IMMEDIATE ATTENTION IS REQUIRED!**

Dear Client:

The enclosed Corporation Annual Report needs to be submitted to renew your corporation with the State of Florida.

**PLEASE REVIEW THE FORM FOR ACCURACY AND MAKE ANY NECESSARY CHANGES. IF YOU HAVE CLOSED YOUR CORPORATION OR WISH TO DO SO, PLEASE DO NOT FILE THIS FORM. IF YOU HAVE ALREADY FILED, PLEASE DISREGARD THIS NOTICE.**

Please make any changes, sign the report where indicated (signature is required on the bottom of the form in box #12 and also in box #8 if the registered agent information has changed) and make a check payable to the Florida Department of State for \$150.00 (for Limited Liability Companies, the renewal fee is \$50.00) and mail to:

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

We will be happy to answer any questions you may have regarding this Annual Report filing, but please remember that it is your responsibility to make sure that this form is filed with the State of Florida by the May 1<sup>st</sup> due date. Please make sure that this is accomplished to avoid reinstatement fees which are costly.

Please contact our office with any questions or concerns regarding this or any other matter.

Sincerely,

*Siegel & Associates, P.A.*

Siegel & Associates, P.A.