

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06929

FILED
Jan 14, 2004
Secretary of State

Entity Name: GELBWAKS INSURANCE SERVICES, INC.

Current Principal Place of Business:

10051 NW 1 COURT
PLATATION, FL 33324 US

New Principal Place of Business:

10051 NW 1 COURT
PLANTATION, FL 33324 US

Current Mailing Address:

10051 NW 1 COURT
PLATATION, FL 33324 US

New Mailing Address:

10051 NW 1 COURT
PLANTATION, FL 33324 US

FEI Number: 59-2504438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORWITZ, WAYNE CPA
3511 WEST COMMERCIAL BOULEVARD
SUITE 402
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GELBWAKS, PETER S
Address: 11035 S.W. 38TH DRIVE
City-St-Zip: DAVIE, FL

Title: DV () Delete
Name: GELBWAKS, SHARON R.,
Address: 11035 S.W. 38TH DRIVE
City-St-Zip: DAVIE, FL

Title: DV () Delete
Name: DYESS, WILLIAM R.,
Address: 9400 OAK GROVE CIRCLE
City-St-Zip: DAVIE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GELBWAKS, PETER S
Address: 11035 S.W. 38TH DRIVE
City-St-Zip: DAVIE, FL 33328

Title: DEV (X) Change () Addition
Name: GELBWAKS, SHARON R.,
Address: 11035 S.W. 38TH DRIVE
City-St-Zip: DAVIE, FL 33328

Title: DEV (X) Change () Addition
Name: DYESS, WILLIAM R.,
Address: 9400 OAK GROVE CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: DV () Change (X) Addition
Name: SCHAEFER, MARJORIE B.,
Address: 11560 SW 20 STREET
City-St-Zip: DAVIE, FL 33325

Title: DV () Change (X) Addition
Name: GEWIRTZ, JULIE B.,
Address: 13151 SW 31 STREET
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON R. GELBWAKS

DEV

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date