

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06929

FILED
Jan 06, 2006
Secretary of State

Entity Name: GELBWAKS INSURANCE SERVICES, INC.

Current Principal Place of Business:

10051 NW 1 COURT
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

10051 NW 1 COURT
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 59-2504438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GELBWAKS, SHARON R DEV
10051 NW 1 COURT
PLANTATION, FL 33324 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 33328

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GELBWAKS, PETER S
Address: 397 FAN PALM WAY
City-St-Zip: PLANTATION, FL 33324

Title: DEV (X) Change () Addition
Name: GELBWAKS, SHARON R.,
Address: 397 FAN PALM WAY
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: GEWIRTZ, JULIE B.,
Address: 10407 NW 7 COURT
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date