

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06929

FILED  
Jan 03, 2007  
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: 397 FAN PALM WAY  
City-St-Zip: PLANTATION, FL 33324

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

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: 10407 NW 7 COURT  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date