

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M11436

FILED
Jan 18, 2005
Secretary of State

Entity Name: JACOWITZ INSURANCE AGENCY, INC.

Current Principal Place of Business:

7850 NW 146 ST.
2ND FLOOR
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7850 NW 146 ST.
2ND FLOOR
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 59-2503166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, LOUISE J.
2200 MUSEUM TOWER
150 W FLAGLER ST.
MIAMI, FL 33130 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: PTD () Delete
Name: JACOWITZ, ARTHUR E.,
Address: 2711 EDGEWATER COURT
City-St-Zip: WESTON, FL 33332

Title: SD () Delete
Name: JACOWITZ, JOAN N.,
Address: 2711 EDGEWATER COURT
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ARTHUR JACOWITZ

PRES

01/18/2005

Electronic Signature of Signing Officer or Director

Date