


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M17703</b> 1. Entity Name <b>P T L INSURANCE ASSOCIATES, INC.</b>	
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Principal Place of Business <b>7201 CORAL WAY MIAMI, FL 33155 US</b>	Mailing Address <b>7201 CORAL WAY MIAMI, FL 33155 US</b>
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02012006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2547021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>VIDAL, JOSE M. 7320 S.W. 140 AVE. MIAMI, FL 33183</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIDAL, JOSE M. 7320 S.W. 140 AVE. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIDAL, CONCHITA 7320 S.W. 140 AVE. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIDAL, ALEJANDRO M 7417 SW 129 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, EDUARDO 8044 SW 119 PL MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80094-011 150.00

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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/06 (305) 262-7091**  
Date Daytime Phone