


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # M17703
1. Entity Name
P T L INSURANCE ASSOCIATES, INC.



Principal Place of Business Mailing Address
7201 CORAL WAY 7201 CORAL WAY
MIAMI, FL 33155 US MIAMI, FL 33155 US



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

VIDAL, JOSE M.
7320 S.W. 140 AVE.
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

U00000498480
04/22/06-80094-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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]* **3/3/06** (305) 262-7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #