


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # M17703</b>  |         |  |         |
| 1. Entity Name<br>P T L INSURANCE ASSOCIATES, INC.                  |         |   |         |
| Principal Place of Business<br>7201 CORAL WAY<br>MIAMI, FL 33155 US |         | Mailing Address<br>7201 CORAL WAY<br>MIAMI, FL 33155 US                           |         |
| 2. Principal Place of Business - No P.O. Box #                      |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



01152007 Chg-P CR2E034 (12/06)

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

| 6. Name and Address of Current Registered Agent         | 7. Name and Address of New Registered Agent  |
|---|--|
| VIDAL, JOSE M.<br>7320 S.W. 140 AVE.<br>MIAMI, FL 33183 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |

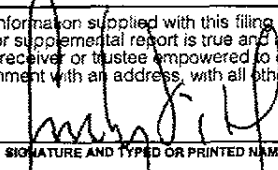
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|---|---|--|

| 10. OFFICERS AND DIRECTORS |                      |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           |   |  |
|----------------------------|----------------------|---------------------------------|--|---|---------------------------|---|--|
| TITLE                      | PD<br>VIDAL, JOSE M. | <input type="checkbox"/> Delete |  | TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | 7320 S.W. 140 AVE.   |                                 |  | NAME  | U00000699183              |   |  |
| STREET ADDRESS             | MIAMI, FL 33183      |                                 |  | STREET ADDRESS  | 03/27/07-80062-004 150.00 |   |  |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |                           |   |  |

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:**  \_\_\_\_\_

Date: 1/29/07 (305) 262-7094 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR