

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 020 ***150.00

DOCUMENT # M17718

1. Entity Name
INSURANCE MANAGEMENT SERVICES, INC.



Principal Place of Business
3915 BISCAYNE BLVD.
MIAMI, FL 33137

Mailing Address
3915 BISCAYNE BLVD.
MIAMI, FL 33137

64000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2572605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAON, ALBERTO
3915 BISCAYNE BLVD.
MIAMI, FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CDP ☐ Delete
NAME ESPIN, ROBERTO, JR.
STREET ADDRESS 3915 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE DV ☐ Delete
NAME WALTON, KEVIN T
STREET ADDRESS 3915 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☐ Delete
NAME STAR, WILLIAM
STREET ADDRESS 3915 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☐ Delete
NAME JACKSON, SHAUN
STREET ADDRESS 3915 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

TITLE TS ☐ Delete
NAME ALDULAIMI, RACHAEL
STREET ADDRESS 3915 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D ☒ Delete
NAME ZUHLKE, JAMES
STREET ADDRESS 3915 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Brian Williamson
STREET ADDRESS 3915 Biscayne Blvd.
CITY-ST-ZIP Miami FL 33137

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

4/19/04

905-572-1967