


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M43378					
1. Entity Name ROESONS INSURANCE SERVICES, INC.					
Principal Place of Business 15280 NW 79TH COURT SUITE 102 MIAMI LAKES FL 33016 US			Mailing Address 15280 NW 79TH COURT SUITE 102 MIAMI LAKES FL 33016 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2800733	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POOLE GOLDSTEIN LLC 13450 WEST SUNRISE BOULEVARD SUITE 150 SUNRISE FL 33323			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROE, BRIAN D		NAME		
STREET ADDRESS	15401 SW 82ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROE, CHRISTOPHER		NAME		
STREET ADDRESS	15401 SW 82ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSADO, SILVINO		NAME		
STREET ADDRESS	6 FORT STREET		STREET ADDRESS		
CITY-ST-ZIP	BELIZE CITY, BELIZE		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRICK, MARTHA M		NAME		
STREET ADDRESS	7170 FAIRWAY DRIVE #M-7		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/06)

U00000639744
 02/28/07-80039-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Brian D. Roe* *2/14/07* *305-821-6131*