

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90264 035 \*\*\*158.75

<b>DOCUMENT # M44974</b> 1. Entity Name <b>A &amp; K INSURANCE CONSULTANTS, INC.</b>																											
Principal Place of Business <b>C/O EDWARD Y. KASSAB 1665 S.W. 67 AVE. MIAMI, FL 33155</b>		Mailing Address <b>C/O EDWARD Y. KASSAB 1665 S.W. 67 AVE. MIAMI, FL 33155</b>																									
2. Principal Place of Business <b>1673 SW 67 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1673 SW 67 AVENUE</b> Suite, Apt. #, etc.																									
City & State <b>MIAMI, FL</b> Zip <b>33155</b>		City & State <b>MIAMI</b> Zip <b>33155</b>																									
Country <b>MIAMI-DADE</b>		Country <b>MIAMI-DADE</b>																									
4. FEI Number <b>59-2756265</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>KASSAB, EDWARD Y. 1665 S.W. 67 AVE. MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>EDWARD KASSAB</b> Street Address (P.O. Box Number is Not Acceptable) <b>1673 SW 67 AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>																									
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 <b>EDWARD KASSAB</b> <span style="float: right;">4/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>P KASSAB, EDWARD Y.</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>1665 S.W. 67 AVE.</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"><b>MIAMI, FL</b></td> </tr> </table>		TITLE	NAME	Delete		<b>P KASSAB, EDWARD Y.</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1665 S.W. 67 AVE.</b>		CITY - ST - ZIP	<b>MIAMI, FL</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td></td> <td><b>EDWARD Y. KASSAB</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>1673 SW 67 AVENUE</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"><b>MIAMI, FL 33155</b></td> </tr> </table>		TITLE	NAME	Change Addition		<b>EDWARD Y. KASSAB</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>1673 SW 67 AVENUE</b>		CITY - ST - ZIP	<b>MIAMI, FL 33155</b>	
TITLE	NAME	Delete																									
	<b>P KASSAB, EDWARD Y.</b>	<input type="checkbox"/>																									
STREET ADDRESS	<b>1665 S.W. 67 AVE.</b>																										
CITY - ST - ZIP	<b>MIAMI, FL</b>																										
TITLE	NAME	Change Addition																									
	<b>EDWARD Y. KASSAB</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>																									
STREET ADDRESS	<b>1673 SW 67 AVENUE</b>																										
CITY - ST - ZIP	<b>MIAMI, FL 33155</b>																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP																									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP																									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP																									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP																									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP																									
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP																									
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: <b>EDWARD KASSAB</b> <span style="float: right;">4/21/05 305-261-8868</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											