

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90238 005 ***150.00

DOCUMENT # P00000011477

1. Entity Name
GENERAL INSURANCE CONSULTANTS, INC.



Principal Place of Business
**3904 S. STATE RD 7
HOLLYWOOD, FL 33023**

Mailing Address
**3904 S. STATE RD 7
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0986956

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBLES, LAURA P
18138 NW 89 PLACE
HIALEAH, FL 33018**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBLES, ROSA
STREET ADDRESS 16302 NW 14 STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE V
NAME ROBLES, LAURA
STREET ADDRESS 3904 SOUTH STATE RD. 7
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laura Robles

LAURA ROBLES

4-27-08