2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P00000017740

Entity Name: GOOD RATE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1918 WEST. FLAGLER ST.
B
MIAMI, FL 33135

New Principal Place of Business:

1918 WEST. FLAGLER ST.
SUITE # B
MIAMI, FL 33135

Current Mailing Address:

1918 WEST FLAGLER ST.
B
MIAMI, FL 33135

New Mailing Address:

1918 WEST FLAGLER ST.
SUITE # B
MIAMI, FL 33135

FEI Number: 65-1019919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COMAS, JOAQUIN
1918 WEST FLAGLER ST.
B
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

COMAS, JOAQUIN J
1918 WEST FLAGLER ST.
SUITE # B
MIAMI, FL 33135 US

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.

SIGNATURE: JOAQUIN J. COMAS 07/01/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: COMAS, JOAQUIN J
Address: 1918 WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: COMAS, JOAQUIN
Address: 1918 B W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COMAS, JOAQUIN
Address: 1918 W. FLAGLER ST. SUITE # B
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN J. COMAS PVST 07/01/2005
Electronic Signature of Signing Officer or Director Date