2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000031695

1. Entity Name
ABOUND INSURANCE, INC.

Principal Place of Business	Mailing Address
16705 NE 19TH AVE N MIAMI BEACH, FL 33162	16705 NE 19TH AVE N MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0994959	Not Applicable

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

6. Name and Address of Current Registered Agent

LENART-PALACINO, MARIA I
20001 NE 14 CT
MIAMI, FL 33179

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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LENART-PALACINO, MARIA I
STREET ADDRESS	20001 NORTHEAST 14TH COURT
CITY-ST-ZIP	MIAMI, FL 33179

U00000254304
03/07/05-80070-004 150.00

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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 of 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: _____   3/3/05   305-947-4933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #