

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000074165

1. Entity Name
**MEDATLANTIC INTERNATIONAL INSURANCE AGENCY,
INC.**



Principal Place of Business
**1875 WOOLBRIGHT ROAD
BOYNTON BEACH, FL 33426**

Mailing Address
**1875 WOOLBRIGHT ROAD
BOYNTON BEACH, FL 33426**

DO NOT WRITE IN THIS SPACE



06222005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1026995** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OTAYEK, HENRI W
18711 CASSANDRA PT. LANE
BOCA RATON, FL 33496**

**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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **OTAYEK, HENRI W**
STREET ADDRESS **18711 CASSANDRA PT. LANE**
CITY- ST- ZIP **BOCA RATON, FL 33496**

TITLE **D**
NAME **ABDIN, AMMAR A**
STREET ADDRESS **9082 PERTH ROAD**
CITY- ST- ZIP **LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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06/27/05-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

HENRI OTAYEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/05 561-7520148
Date Daytime Phone #