## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2004 8:00 am Secretary of State

DOCUMENT # P0000086631  1. Entity Name ALL FLORIDA INSURANCE MARKETING INC.					04-14-2004	90015 030 ***13		
Principal Plac	e of Business	Mailing Address		7		- 34UJ&b	41	
9802 NE-2 A	<del>NE-</del> ES, FL 33138	9802 NE 2 AVE MIAMI SHORES, FL 3313	Q	1				
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2. Principal Place of Business 12130 BLSCAVNE BLVD 12130 BISC		avne Bluc						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	7	02122004	Chg-P	CR2E034 (10/03)		
NORT /	H MIAMI, I-L	City & State NORTH MIA	MI, FL	4. FEI Number 36-43908	328	<del> </del>	pplied For ot Applicable	
<sup>Zip</sup> 331	81 Country ADE	<sup>Zip</sup> 33181	DADE	5. Certificate of	Status Desired	S8.75 Ad		
	6. Name and Address of Current Re	egistered Agent		7. Name and A	dress of New F	legistered Agent		
MIER, JOS	SE1	, *	Name			<u>ــــــــــــــــــــــــــــــــــــ</u>	· • • • • • • • • • • • • • • • • • • •	
9802 NE 2 AVE MIAMI SHORES, FL 33138			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIAMISH	URES, FL 33138				·			
			City			FL Zip Coo	de	
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								
	•							
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign		5.00 May Be ided to Fees				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	9. Election Campaign Trust Fund Contribu	ution. Ac	ided to Fees	HANGES TO OFF	ICERS AND DIRECTOR		
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I nereby certify that the information supplied with this flurner certify that the information 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 receives 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:

GNATURE JOID TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR