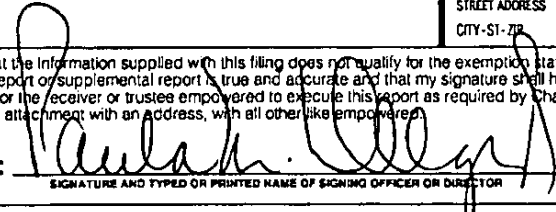


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000017545					
1. Entity Name P & C INSURANCE AGENCY, INC.					
Principal Place of Business 2530 SW 87TH AVENUE SUITE C MIAMI, FL 33165			Mailing Address 2530 SW 87TH AVENUE SUITE C MIAMI, FL 33165		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1078827	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DELGADO, PAULA M 2530 SW 87 AVE STE C MIAMI, FL 33165				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS DELGADO DE ORAMAS, PAULA M 2530 SW 87TH AVENUE SUITE C MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES. & SECRETARY PAULA M. DELGADO DE ORAMAS 2530 SW 87th Ave, Suite C MIAMI FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FREIXAS, CARIDAD M 2530 SW 87TH AVENUE SUITE C MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CARIDAD M. DIAZ 2530 SW 87th Ave, Suite C MIAMI FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 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:  DATE: 