

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017581

FILED
Apr 29, 2005
Secretary of State

Entity Name: HEALTH ADVICE INSURANCE BROKERS INC.

Current Principal Place of Business:

2750 CORAL WAY
SUITE 202
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2750 CORAL WAY
SUITE 202
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1076030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUOZ, MANUEL
2750 CORAL WAY SUITE 202
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ENRIQUEZ, MANUEL
2750 CORAL WAY SUITE 202
MIAMI, FL 33145 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: MANUEL ENRIQUEZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ENRIQUEZ, MANUEL
Address: 2750 CORAL WAY SUITE 202
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MANUEL ENRIQUEZ

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date