

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050748

FILED
Jan 20, 2005
Secretary of State

Entity Name: GREENSTEIN INSURANCE SERVICES INC.

Current Principal Place of Business:

P O BOX 9714
CORAL SPRINGS, FL 33075 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9714
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 65-1105423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSTEIN, MARC L
5557 NW 125 TERRACE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENSTEIN, MARC L
Address: P O BOX 9714
City-St-Zip: CORAL SPRINGS, FL 33075

Title: D () Delete
Name: GREENSTEIN, DANA
Address: P O BOX 9714
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREENSTEIN, MARC L PRESIDE
Address: P O BOX 9714
City-St-Zip: CORAL SPRINGS, FL 33075

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: MARC L. GREENSTEIN

PRES

01/20/2005

Electronic Signature of Signing Officer or Director

_____ Date