

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000062008

1. Entity Name
INDEPENDENT LIFE AND HEALTH INSURANCE INC.



FILED

07 APR 26 PM 3:25

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~4444 SW 131 AVE.~~
~~MIAMI, FL 33175~~

Mailing Address

~~4444 SW 131 AVE.~~
~~MIAMI, FL 33175~~

2. Principal Place of Business

11620 SW 40 ST.

3. Mailing Address

11620 SW 40 ST.



03232006 Chg-P CR2E034 (11/05)

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1116663

Applied For

Not Applicable

Zip

33165

Country

Zip

33165

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, CLARA E
~~4444 SW 131 AVE.~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11620 S.W. 40 ST.

City

MIAMI

FL

Zip Code

33165

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, CLARA E	
STREET ADDRESS	4444 SW 131 AVE.	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11620 S.W. 40 ST.	
CITY - ST - ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400103094704	
STREET ADDRESS	05/23/07--01011--015	
CITY - ST - ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/06 (786) 202-5623