

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103665

FILED
Sep 08, 2004
Secretary of State

Entity Name: INSURANCE SUPPORT GROUP II, CORP

Current Principal Place of Business:

5723 HOLLYWOOD BLVD STE A
HOLLYWOOD, FL 33021

New Principal Place of Business:

19067 NW 23RD COURT
PEMBROKE PINES, FL 33029

Current Mailing Address:

5723 HOLLYWOOD BLVD STE A
HOLLYWOOD, FL 33021

New Mailing Address:

19067 NW 23RD COURT
PEMBROKE PINES, FL 33029

FEI Number: 65-1151218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVAJALINO, KATHERINE
5723 HOLLYWOOD BLVD STE A
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

CARVAJALINO, KATHERINE
19067 NW 23RD COURT
PEMBROKE PINES, FL 33029

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: KATHERINE CARVAJALINO

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CARVAJALINO, KATHERINE
Address: 7625 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEON, GUILLERMO
Address: 4025 N. FEDERAL HWY #218
City-St-Zip: FT. LAUDERDALE, FL 33368

Title: VP () Change (X) Addition
Name: CARVAJALINO, KATHERINE
Address: 19067 NW 23RD COURT
City-St-Zip: PEMBROKE, FL 33029

Title: S () Change (X) Addition
Name: CARVAJALINO, JUAN
Address: 19067 NW 23RD COURT
City-St-Zip: PEMBROKE PINES, FL 33029

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: GUILLERMO LEON

P

09/08/2004

Electronic Signature of Signing Officer or Director

Date