


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90046 015 ***150.00

DOCUMENT # P02000018226
 1. Entity Name
TAMIAMI INSURANCE & SERVICES, INC




Principal Place of Business
 13205 SW 137TH AVE
 SUITE 112
 MIAMI, FL 33186

Mailing Address
 13205 SW 137TH AVE
 SUITE 112
 MIAMI, FL 33186

2. Principal Place of Business
13205 SW 137th AVE
 Suite, Apt. #, etc.
SUITE # 111
 City & State
MIAMI, FL
 Zip
33186
 Country
USA

3. Mailing Address
13205 SW 137th AVE
 Suite, Apt. #, etc.
SUITE # 111
 City & State
MIAMI, FL
 Zip
33186
 Country
USA

40012005



01212005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0721191
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN F
14600 SW 143 TERR
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 \$150.00
After May 1, 2005 Fee will be \$550.00

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	P RODRIGUEZ, JUAN F 14600 SW 143 TERR MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **1/21/05** (305) 255-6685
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #