

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022689

**FILED**  
**Jan 23, 2006**  
**Secretary of State**

**Entity Name:** SHIRLEY LICIA SAUL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8185 NW 155 ST.  
STE 1  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

8100 NW 155 ST.  
STE 201  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8185 NW 155 ST.  
STE 1  
MIAMI LAKES, FL 33016

**New Mailing Address:**

8100 NW 155 ST.  
STE 201  
MIAMI LAKES, FL 33016

**FEI Number:** 68-0494396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUL, SHIRLEY L  
3540 RIDGELAND RD.  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

SAUL, SHIRLEY L  
2869 JUNIPER LANE  
DAVIE, FL 33330 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:**

01/23/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** SAUL, SHIRLEY L  
**Address:** 3540 RIDGELAND RD.  
**City-St-Zip:** DAVIE, FL 33328

**Title:** VD ( ) Delete  
**Name:** SAUL, BRIAN  
**Address:** 3540 RIDGELAND RD.  
**City-St-Zip:** DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** SAUL, SHIRLEY L  
**Address:** 2869 JUNIPER LANE  
**City-St-Zip:** DAVIE, FL 33330

**Title:** VD (X) Change ( ) Addition  
**Name:** SAUL, BRIAN  
**Address:** 2869 JUNIPER LANE  
**City-St-Zip:** DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:** SHIRLEY LICIA SAUL

**PRES**

01/23/2006

Electronic Signature of Signing Officer or Director

Date