

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90177 038 \*\*\*150.00

<b>DOCUMENT # P02000063902</b> 1. Entity Name <b>INSURANCE BROKERAGE OF HOLLYWOOD, INC.</b>					
Principal Place of Business <b>2450 HOLLYWOOD BLVD. STE. 406 HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>2450 HOLLYWOOD BLVD. STE. 406 HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3690277</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RICARDO, IRIS 7848 N.W. 192 ST. MIAMI, FL 33015</b>			Name <b>Anita Y. Torres</b> Street Address (P.O. Box Number is Not Acceptable) <b>5141 SW 101 Ave.</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33328</b>		
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's signature is required when changing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Anita Torres</b> <input type="checkbox"/> Delete <b>RICARDO, IRIS</b> <b>7848 N.W. 192 ST.</b> <b>MIAMI, FL 33015</b> <b>5141 SW 101 Ave.</b> <b>Cooper City, FL 33328</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Anita Y. Torres</u> <u>Anita Y. Torres</u> <u>4/30/04</u> <u>924-923-2340</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					