

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000070978					
1. Entity Name IRWIN KALINA INSURANCE INC.					
Principal Place of Business 5153 OAK HILL LN, #511 DELRAY BCH FL 33484			Mailing Address 5153 OAK HILL LN, #511 DELRAY BCH FL 33484		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1641406	
6. Name and Address of Current Registered Agent KALINA, IRWIN 5153 OAK HILLS LANE DELRAY BEACH FL 33433				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 _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 1 Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	KALINA, IRWIN		NAME	U00000410991	
STREET ADDRESS	5153 OAK HILL LN, #511		STREET ADDRESS	02/09/06-80056-023 150.00	
CITY-ST-ZIP	DELRAY BCH FL 33484		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	KALINA, CELIA		NAME		
STREET ADDRESS	5153 OAK HILL LN #511		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 461-444-175V