

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070978

Entity Name: IRWIN KALINA INSURANCE INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

5153 OAK HILL LN, #511  
DELRAY BCH, FL 33484

## New Principal Place of Business:

## Current Mailing Address:

5153 OAK HILL LN, #511  
DELRAY BCH, FL 33484

## New Mailing Address:

FEI Number: 06-1641406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALINA, IRWIN  
5153 OAK HILLS LANE  
DELRAY BEACH, FL 33433 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KALINA, IRWIN  
Address: 5153 OAK HILL LN, #511  
City-St-Zip: DELRAY BCH, FL 33484

Title: V ( ) Delete  
Name: KALINA, CELIA  
Address: 5153 OAK LHILL LN #511  
City-St-Zip: DELRAY BEACH, FL 33484

Title: S ( ) Delete  
Name: KALINA, RICHARD  
Address: 2401 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33431

Title: T ( ) Delete  
Name: KALINA, ROGER S  
Address: 2401 NW BOCA RATON BLVD  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IRWIN KALINA

CFO

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date