

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90008 035 ***150.00

DOCUMENT # P03000084811

1. Entity Name
MUN2 INSURANCE, CORP.



Principal Place of Business

9942 NW 5TH LANE
MIAMI, FL 33172

Mailing Address

9942 NW 5TH LANE
MIAMI, FL 33172

34062716



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

05122004

Chg-P

CR2E034 (10/03)

4. FEI Number

27-0065558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCHENA, IHOSUANY
9942 NW 5TH LANE
MIAMI, FL 33172

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 PD
STREET ADDRESS MARCHENA, IHOSVANY
CITY-ST-ZIP 9942 NW 5TH LANE
MIAMI, FL 33172 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-12-04

Attachment
Doc. # 003000084811
CMS BUSINESS CONSULTANTS

A PROFESSIONAL ASSOCIATION OF CONSULTANTS & ACCOUNTANTS

MEZZANINE-SUITE 200

550 BILTMORE WAY

CORAL GABLES, FLORIDA 33134

574062716

MAILING ADDRESS

POST OFFICE BOX 557243
MIAMI, FLORIDA 33255-7243

TELEPHONE (305) 461-9931
TELECOPIER (305) 461-9916
e-mail: cmsaccts@aol.com

June 15, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

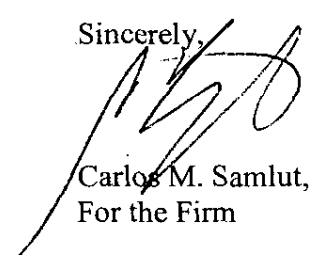
**RE: 2004 For Profit Corporation Annual Report
Mun2 Insurance, Corporation**

Dear Sir/Madam:

Enclosed please find payment for 2004 For Profit Corporation Annual Report for Mun2 Insurance Corporation. Our client did not receive the notice for payment of the 2004 Annual Report and was not aware of this until recently.

If you have any questions in this regard, please do not hesitate to contact me.

Sincerely,



Carlos M. Samlut, C.P.A.
For the Firm