

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150038

FILED  
May 02, 2005  
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE ASSOCIATES, INC.

## Current Principal Place of Business:

1717 NORTH BAYSHORE DR.  
A-2151  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

1717 NORTH BAYSHORE DR.  
A-2151  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 20-0502484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERTRAN, GEMA  
5102 SW 72 AVE  
MIAMI, FL 33172      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COPPOLA, SALVADOR  
Address: 1717 NORTH BAYSHORE DR. APT.A-2151  
City-St-Zip: MIAMI, FL 33132

Title: V ( ) Delete  
Name: COPPOLA, GLADYS  
Address: 1717 NORTH BAYSHORE DR. APT A-2151  
City-St-Zip: MIAMI, FL 33132

Title: T ( ) Delete  
Name: COPPOLA, PAOLA  
Address: 1717 NORTH BAYSHORE DR. APT. A-2151  
City-St-Zip: MIAMI, FL 33132

Title: S ( ) Delete  
Name: COPPOLA, MARCELLO  
Address: 1717 NORTH BAYSHORE DR. APT.-2151  
City-St-Zip: MIAMI, FL 33132

## 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 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 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: SALVADOR COPPOLA

P

05/02/2005

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

\_\_\_\_\_  
Date