

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90061 008 ***150.00

DOCUMENT # P04000058399

1. Entity Name
ASSURANCE FUNDING CORPORATION



Principal Place of Business
18181 NE 31ST CT
1203
AVENTURA, FL 33160

Mailing Address
40 JOHN STREET
NEWTON, MA 02459

50013593



2. Principal Place of Business
3201 NE 183RD STREET

3. Mailing Address
3201 NE 183RD STREET

Suite, Apt. #, etc.
1204

Suite, Apt. #, etc.
1204

02022005 Chg-P CR2E034 (10/03)

City & State
AVENTURA, FL

City & State
AVENTURA FL

4. FEI Number
20-0963140

Applied For
Not Applicable

Zip
33160

Country
MIAMI-DADE

Zip
33160

Country
MIAMI-DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLUZMAN, MIKHAIL
3370 NE 190TH STREET
912
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: GLUZMAN MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

3201 NE 183RD STREET, #1204

City AVENTURA

FL

Zip Code
33180

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]

MICHAEL GLUZMAN

2/2/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
GLUZMAN, MIKHAIL
3370 NE 190TH STREET #912
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GLUZMAN, MIKHAIL
3370 NE 190TH STREET #912
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
GLUZMAN, MIKHAIL
3370 NE 190TH STREET #912
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLUZMAN MICHAEL ☒ Change ☐ Addition
3201 NE 183RD STREET, #1204
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLUZMAN MICHAEL ☒ Change ☐ Addition
3201 NE 183RD STREET, #1204
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLUZMAN, MICHAEL ☒ Change ☐ Addition
3201 NE 183RD STREET, #1204
AVENTURA, FL 33180

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

[Signature] MICHAEL GLUZMAN/PRESIDENT

2/2/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #