## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

Principal Place of Business   12566 PINES BLVD	DOCUMENT # P0400083161  1. Entity Name RAVEDE INSURANCE AGENCY, INC.							01-31-2005	-			
12566 PINES BLVD PEMBROKE PINES, FL 33027  2. Principal Place of Business  3. Mailing Address Suite, Apr. #, etc.  Suite, Apr. #, etc.  Cry & State  Cry & State  Cry & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Endowed  8. TER Number of States Endowed  8. Tere Number of States Endowed  8. Tere Number of States Endowed  8. Tere Number is Not Acceptable)  Name  RAVEDE, JAY P  12566 PINES BLVD  PEMBROKE PINES, FL 33027  RAVEDE STATES  REAL REAL STATES	Principal Place of Business			Mailing Address				7 70004707				
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2. Principal Place of Business								;	<u> </u>	4		
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   O1272005   Chg.P   CR2E034 (10/03)   Chy & State   4, PE Number on Sy 36.3 9   Applied For O3 o5 y 36.3 9   Not Applicable For O3 o5 y 36.3 9   Not App											1181 MAIA AIIA1 11	1:201 (1 131)
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City & State  A FEL Number of V3.46.3.9  Non Applicable No. Applicable No. Applicable State Desired  S. Certificate of States Desired  S. Certificate of S	Suite, Apt.	#, etc.	Sı	Suite, Apt. #, etc.				01272005	Cha-P	CB2Fr	34 (10/03)	•
See Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  S. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  Together, hybrid or private real payment.  Signature, hybrid									•		· · · · · · · · ·	
See Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  S. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  Together, hybrid or private real payment.  Signature, hybrid	City & State	e	Ci	City & State				4. FEI Number   Applied   Applied				
RAVEDE, JAY P 12566 PINES BLVD PEMBROKE PINES, FL 33027  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Address of Pines and Address of P	Zip Country		Zi	Zip Cour		itry						
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RAVEDE, JAY P 12566 PINES BLVD PEMBROKE PINES, FL 33027  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its rejistered office or registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent.  SIGNATURE  Signature, fixed op private have of registered agent and the I acceptable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  Trust Fund Contribution.  OFFICERS AND DIRECTORS  TRUST FUNDESS  OFFICERS FLORESS  OFFICERS AND DIRECTORS  TRUST FUNDESS  OFFICERS FLORESS  OFFICERS FLOR	6. Name and Address of Current Registered Agent					Norse		7. Name and	Address of New	Registered	Agent	
Sireet Address (P.O. Box Number is Not Acceptable)	RAVEDE	IAV P				Name						
B. The above named entity submits this statement for the purpose of changing its 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 intere of registered agent and list a southclable.   INDTE Registered Agent agriculte required upon retination;   DATE				Street Address			ldress (f	(P.O. Box Number is Not Acceptable)				
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After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE											
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12. Thereby 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		- de mara de la company	al case sets over				nd is C	. ,	1) Elorida Crat :-	a (further r:	alforther !	ntormatica

indicated on this report or supplied wirthin large does not quality for the exhiption stated in section 119.07(3)(f), Florida Statutes, I furnier ceruity flat the information indicated on this report or suppliemental 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 andress, with all other like empowered.

SIGNATURE: \_

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 577-197

Daytime Phone #