

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000129978

1. Entity Name
INSURANCE 4 U INC.



Principal Place of Business
14201 S W 9 TERRACE
MIAMI, FL 33184

Mailing Address

14201 S W 9 TERRACE
MIAMI, FL 33184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

05032005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1682495 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JORGE A
14201 S W 9 TERRACE
MIAMI, FL 33184

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

Jorge Fernandez Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

5/3/05 Date

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 DP Delete
NAME FERNANDEZ, JORGE A
STREET ADDRESS 14201 S W 9 TERRACE
CITY-ST-ZIP MIAMI, FL 33184

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS Delete
NAME FERNANDEZ, SUSANA P
STREET ADDRESS 14201 S W 9 TERRACE
CITY-ST-ZIP MIAMI, FL 33184

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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:

Jorge Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05

Date Daytime Phone #

**FILED
May 09, 2005 8:00 am
Secretary of State**

05-09-2005 90284 032 ***150.00

14017255

