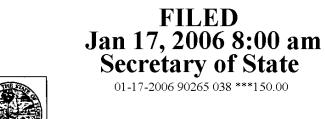
2006 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P05000021546 1. Entity Name FIRST MIAMI INSURANCE AGENCY, INC.						01-17-2006 9	90265 038 ***15	50.00	
Principal Place of Business 14919 SW 67TH LANE MIAMI, FL 33193		Mailing Address . 14919 SW 67TH LANE MIAMI, FL 33193)0058p3	N 8808 PRI MRS \$ A 8 818			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4. FEI Numbe	73-172	7376	pplied For lot Applicable		
Zip	Country	Country Zip Co		ntry	5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent		T.	7. Name and	Address of New R	egistered Agent		
				Name	·				
LOPEZ, JOSE R. 14919 SW 67TH LANE MIAMI, FL 33193				Street Address (P.O. Box Number is Not Acceptable)					
	F_{ℓ}' .			City			FL Zip Co.	de	
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age.			ed office or regis		n, in the State of Fid	orida. I am familiar with	n, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Co			55.00 May Be added to Fees				
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	7S IN 11	
TITLE	D	☐ Delete	TITL	£			☐ Change	Addition	
NAME	LOPEZ, JOSE R. NA		ME .						
STREET ADDRESS CITY-ST-ZIP	I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EET ADDRESS (-ST-ZIP						
TITLE		☐ Delete	тп	4		****	☐ Change	☐ Addition	
NAME		2 3440	NAM						
STREET ADDRESS			\$TR	EET ADDRESS					
CITY-ST-ZIP			CIT	r-St-ZIP					
TITLE		☐ Delete	TITL	E			☐ Change	Addition	
NAME			NAM	-					
STREET ADDRESS				EE1 ADDRESS					
CITY-ST-ZIP			CIT	Y-\$T-ZIP					
TITLE		☐ Delete	TITL				Change	Addition	
NAME		•	NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y+ST-ZIP					
TITLE		☐ Delete	TITL				☐ Change	Addition	
NAME		Li Dexelle	NAM	•			C. Charige	AW(()()()	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		☐ Delete	TITL	.E			☐ Change	Addition	
NAME			NAM				·		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
		ith this filing does not qualify				E O			

Intereox certify that the information supplied with this 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.

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	CHI.	-		т.	г.

SIGNATURE AND TYPEO OR INTED NAME OF SIGNING OFFICER OR DIRECTOR 1-11-06

305-198-2888

Date

Daytime Phone #