

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041339

Entity Name: MAMBO'S INSURANCE AGENCY INC.

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

661 SW MCCULLOUGH AVENUE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

661 SW MCCULLOUGH AVENUE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

PO BOX 880864
PORT ST. LUCIE, FL 34988 US

FEI Number: 20-2517584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES, MIGUEL A
661 SW MCCULLOUGH AVENUE
PORT ST. LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTES, MIGUEL A
Address: 661 SW MCCULLOUGH AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP () Delete
Name: MONTES, HELENE
Address: 661 SW MCCULLOUGH AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: HELENE MONTES

VP

01/31/2006

Electronic Signature of Signing Officer or Director

Date