

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000129056

1. Entity Name
AMERICAN UNION INSURANCE COMPANY, INC.



FILED

06 NOV -9 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**16700 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**16700 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162**

2. Principal Place of Business
1871 NE 167TH STREET
Suite, Apt. #, etc.

3. Mailing Address
1871 NE 167TH STREET
Suite, Apt. #, etc.



07192006 Chg-P CR2E034 (11/05)

City & State
NORTH MIAMI BEACH FL

Zip
33162

Country
DADE

4. FEI Number
76-1733781

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JEAN-PHILIPPE, RAYMOND
16700 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent
Name
JEAN-PHILIPPE RAYMOND
Street Address (P.O. Box Number is Not Acceptable)
1871 NE 167TH STREET
City
NORTH MIAMI BEACH FL Zip Code
33162

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 *Raymond Jean-Philippe* **JEAN-PHILIPPE, President** **AUGUST 19, 2006**
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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CHRISTINA JEAN-Philippe		STREET ADDRESS	000081666470	
CITY-ST-ZIP	1865 NE 167TH STREET # D		CITY-ST-ZIP	11/09/06--01039--010 **150.00	
	NORTH MIAMI BEACH FL 33162				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	UNIQUE JEAN-Philippe		STREET ADDRESS		
CITY-ST-ZIP	EXC VICE President		CITY-ST-ZIP		
	1865 NE 167TH STREET # D				
	NORTH MIAMI BEACH FL 33162				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RAYMOND JEAN-Philippe		STREET ADDRESS		
CITY-ST-ZIP	CFO		CITY-ST-ZIP		
	1865 NE 167TH STREET # D				
	NORTH MIAMI BEACH FL 33162				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RAYMOND JEAN-Philippe		STREET ADDRESS		
CITY-ST-ZIP	President & CHAIRMAN		CITY-ST-ZIP		
	1871 NE 167TH STREET				
	NORTH MIAMI BEACH FL 33162				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BIANCA JEAN-Philippe		STREET ADDRESS		
CITY-ST-ZIP	SECRETARY		CITY-ST-ZIP		
	1865 NE 167TH STREET # D				
	NORTH MIAMI BEACH FL 33162				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Raymond Jean-Philippe* **RAYMOND JEAN-PHILIPPE, President** (784) 444-6635
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/19/06 Daytime Phone #

8/11/04

Dear Examiner

I Requested the annual report application.

I Received it on August 18, 2006

ON August 19, 2006 I Sent it Back To the State, apparently it was Returned to 16700 N E 19 Ave North Miami Beach.

please look at my record. Because I found out that it was returned Again.

please help me Because these Corporations are Dissolved Because of non-payment

It was not my fault I Did exactly what the State Required. I filed early

please help me.

I Need these Corporation to

Do Business in the Americas, -thus

Creating the Much Needed JOBS for our

Inner city Youths

Thank you in Advance

R. Raymond Terr. Phelps