

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 009 ***158.75

DOCUMENT # P05000136489

1. Entity Name
BROKERS INSURANCE & INVESTMENT CORP



Principal Place of Business

7220 NW 36TH STREET
SUITE #560
MIAMI, FL 33166

Mailing Address

7220 NW 36TH STREET
SUITE #560
MIAMI, FL 33166

40126344



2. Principal Place of Business - No P.O. Box #

7220 NW 36 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

07112007

Chg-P

CR2E034 (12/06)

City & State

Miami, FL

City & State

4. FEI Number

11-3760685

Applied For

Not Applicable

Zip

33166

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, BEATRIZ
7220 NW 36TH STREET
SUITE #560
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Beatriz Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

7220 NW 36 ST #504

City

Miami

FL

Zip Code

33166

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

Beatriz Gonzalez

Beatriz Gonzalez

7/11/7

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

TITLE PD
NAME GONZALEZ, BEATRIZ
STREET ADDRESS 7220 NW 36TH STREET, SUITE 560
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE VD
NAME PLATA, MARINA
STREET ADDRESS 7220 NW 36TH STREET, SUITE 560
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Beatriz Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/7

Date

786 234 8101

Daytime Phone #