

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159983

Entity Name: INSURANCE MASTERS, INC.

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

11865 SW 26 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11865 SW 26 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OHAN, GRACIELA
15902 SW 108 LANE
MIAMI, FL 33196 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: OHAN, GRACIELA
Address: 15902 SW 108 LANE
City-St-Zip: MIAMI, FL 33196

Title: V () Delete
Name: HOMSI, RANDA
Address: 1690 YELLOW HEART WAY
City-St-Zip: HOLYWOOD, FL 33019

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: GRACIELA OHAN

P

02/27/2006

Electronic Signature of Signing Officer or Director

Date