## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

FILED
Apr 19, 2004 08:00 AM
Secretary of State

1. Entity Nam AAA BRI	AR BAY INSURANCE AGENCY The of Business M (IE HWY 1	•				ecretary (	or State
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04142004 No Chg-P CR2E034 (10/03)  4. FEI Number			
PASCALE, RONALD T 14229 S DIXIE HWY MIAMI, FL 33176			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.  SIGNATURE  Signature, wood or printed name of registered agent and title if applicable.  INOTE Registered Agent signature.  FILE NOWILL FEE IS \$150.00  9. Election Campaign Financing				· · · · · · · · · · · · · · · · · · ·	in the State of Flor	ida. I am familiar with	, and accept
After M.  10.  THE  NAME STREET ADDRESS	OFFICERS AND DIRECT D PASCALE, RONALD T 14229 S DIXIE HWY	Trust Fund Contribution.	Add	led to Fees	} (D)) (n)	10117001	-
CITY-ST-ZIP  TITUE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	MIAMI, FL 33176				04/19/0	00117081 4-80005-015	150.00
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CITY-ST-ZUP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>√</b>					
NAME STREET ADDRESS CITY-ST-ZIF  12. I nereby a indicated of the cor changed,	certify that the information supplied with this fi on this report or supplemental report is true in portation or the receiver or tribute ampowered, or on an attachment with an address, with all	ling does not qualify for the exe and accurate and that my aignate of the procedule that report at postic to other like empowered.	ription stated in Se ure shall have the t gd by Chagter 507	oction 119.07(3)(i), same legal effect r, Florida Statutes,	Florida Statutes. I as if made under or and that my name	further certily that the ath; that I am an office appears in Block 10 o	information r or director or Block 11 if