

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046274

FILED
Jan 05, 2004
Secretary of State

Entity Name: FLORIDA INSURANCE ENTERPRISES AGENCY CORP.

Current Principal Place of Business:

7377 SW 24 ST.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7377 SW 24 ST.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0428499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLADARES, CARLOS M
9860 SW 166TH CT
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

VALLADARES, CARLOS M
11885 SW 43 ST
MIAMI, FL 33175 US

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: CARLOS M VALLADARES

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALLADARES, CARLOS M
Address: 9860 SW 166TH CT
City-St-Zip: MIAMI, FL 33196

Title: T () Delete
Name: VALLADARES, MARLENE
Address: 9860 SW 166TH CT
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: VALLADARES, AMARILIS
Address: 9860 SW 166TH CT
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: VALLADARES, MARILYN
Address: 9860 SW 166TH CT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLADARES, CARLOS M
Address: 11885 SW 43 ST
City-St-Zip: MIAMI, FL 33175

Title: T (X) Change () Addition
Name: VALLADARES, MARLENE
Address: 11885 SW 43 ST
City-St-Zip: MIAMI, FL 33175

Title: VP (X) Change () Addition
Name: VALLADARES, AMARILIS
Address: 11885 SW 43 ST
City-St-Zip: MIAMI, FL 33175

Title: S (X) Change () Addition
Name: VALLADARES, MARILYN
Address: 11885 SW 43 ST
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLOS M VALLADARES

P

01/05/2004

Electronic Signature of Signing Officer or Director

Date