2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000046274

1. Entity Name
FLORIDA INSURANCE ENTERPRISES AGENCY CORP.

Principal Place of Business	Mailing Address
7377 SW 24 ST. MIAMI, FL 33155	7377 SW 24 ST. MIAMI, FL 33155

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0428499
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALLADARES, CARLOS M
STREET ADDRESS	11885 SW 43 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	VALLADARES, MARLENE
STREET ADDRESS	11885 SW 43 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	VALLADARES, AMARILIS
STREET ADDRESS	11885 SW 43 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	VALLADARES, MARILYN
STREET ADDRESS	11885 SW 43 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000038999
01/19/06-80063-015 150.00

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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.

(305)

SIGNATURE: Carlos Valladares 01/09/2006 262-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #