2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: (

SIGNATURE AND TYPED ON DEINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P93000068963 1. Entity Name D & S INSURANCE CONSULTANTS, INC.							Feb 04, 2004 08:00 A Secretary of State					
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailin	g Address	•							
16052 NW 8 MIAMI LAKI	33 CT.	1605	16052 NW 83 CT. MIAMI LAKES FL 33016					1 10011WEF (IN CHINE (III) MESTI ME	ic na iffi ha nsa k r	liet locke itrice enter		
2. Principal P	Place of Busin	3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Suiti	Suite, Apt. #, etc.					MOORE	CR2E03	34 (11/03)	
City & State				City & State				4. F	El Number 65-044175	7		Applied For Not Applicable
Zıp	ip Country		Zip	Zip Cour		itry	5. Certificate of Sta		Certificate of Status Desired		\$8.75 A	
	ed Agent				7. N	lame and Address of New	Registere	d Agent				
ARMENGOL, SUSANA S 16052 NW 83 COURT MIAMI FL 33016						Name						
						Street Address (P.O. Box Number is Not Acceptable)						
						City		Zip Code				
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												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State									 Election Campaign F Trust Fund Contribut 	~		00 May Be ed to Fees
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS.	AND DIRECTO	RECTORS 11.				AD	DITIONS/CHANGES TO OF	FIČERS AI	VD DIRĒČTO	RS IN 11
NAME STREET ADDRESS	16052 NW	L, SUSANA S 83 COURT				EET ADDRESS		□ Change □ / U00000036010 02/06/04-80040-019 150.00				
CITY-ST-ZIP	MIAMI FL			☐ Delete	TITL	-ST-ZIP			02/06/04-8	<u> </u>	.UCl Ell	
NAME STREET ADDRESS CITY-ST-ZIP	YASHER, F 9180 SW 8 MIAMI FL	5 STREET		nam Stre							change	C. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STRI	E					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4	1					☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.												

FILED