


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P93000074405**

1. Entity Name  
**A ASSOCIATION OF INSURANCE PROFESSIONALS, INC.**



Principal Place of Business <b>18463 PINES BLVD          PEMBROKE PINES, FL 33029 US</b>	Mailing Address <b>18463 PINES BLVD          PEMBROKE PINES, FL 33029 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0450638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGER - SINGERMAN  
 350 EAST LAS OLAS BLVD  
 SUITE 1000  
 FORT LAUDERDALE, FL 33301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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

000000388813  
 01/20/06-80020-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MARINO, BRIAN T 2535 S.W. 105 TERR DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_ **1/11/06** **954-431-1233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #