

Jan 23
Sec

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000074437

1. Entity Name
CENTRAL INSURANCE NETWORK, INC.



Principal Place of Business
**395 ALHAMBRA CIRCLE
SUITE 200
CORAL GABLES, FL 33134**

Mailing Address
**395 ALHAMBRA CIRCLE
SUITE 200
CORAL GABLES, FL 33134**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0444837

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADAMS, RICHARD J JR
380 W 49TH ST
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE ONA, JORGE V
STREET ADDRESS	385 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	CARRILLO, JUAN CARLOS
STREET ADDRESS	395 ALHAMBRA CIR-STE 200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #