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Secretary of State

02-21-2005 90078 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000081615

1. Entity Name
KAY RIORDAN INSURANCE AGENCY, INC.

20014100

Principal Place of Business	Mailing Address
18243 PINES BLVD PEMBROKE PINES, FL 33029 US	18243 PINES BLVD PEMBROKE PINES, FL 33029 US

02152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18253 Pines Blvd	18253 Pines Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL	City & State: Pembroke Pines Fl
Zip: 33029 Country: US	Zip: 33029 Country: US

4. FEI Number 65-0452136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIORDAN, KAY
18243 PINES BLVD
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name: Riordan, KAY
Street Address (P.O. Box Number is Not Acceptable): 18253 Pines Blvd
City: Pembroke Pines FL Zip Code: 33029

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIORDAN, KAY 18243 PINES BLVD PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Riordan, KAY 18253 Pines Blvd Pembroke Pines, Fl 33029	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIORDAN, GREGORY J 18243 PINES BLVD PEMBROKE PINES, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Riordan, Gregory J. 18253 Pines Blvd Pembroke Pines, Fl 33029	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE: Greg Riordan 2/15/05 954-436-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #