2005 FOR PROFIT CORPORATION
ANNUAL REPORT-

DOCUMENT # P94000056316

1. Entity Name
E.M.C. INSURANCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
1542 ROY DR	1542 ROY DR
W PALM BCH, FL 33415 US	W PALM BCH, FL 33415 US

04202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0508998	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

TAMAYO-MARRERO, MIRZA E
1542 ROY DR.
WEST PALM BEACH, FL 33415

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000325965 04/23/05-80038-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TAMAYO-MARRERO, MIRZA E.
STREET ADDRESS	1542 ROY DR
CITY-ST-ZIP	W PALM BCH, FL 33415

TITLE	
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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: *Mirza Tamayo-Marrero*   4-20-05   561/963-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #