2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000056385

1. Entity Name
BLOCKBUSTER INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2828 NW 17 AVE MIAMI, FL 33142	22828 NW 17 AVE MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

04272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0689133	Not Applicable

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

6. Name and Address of Current Registered Agent

BEEVERS, ISABEL J
2828 NW 17 AVE.
MIAMI, FL 33142

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEEVERS, ISABEL
STREET ADDRESS	2828 NW 17 AVE
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
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CITY-ST-ZIP	

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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 so empowered.

SIGNATURE: _Isabel Beevers_   4/27/04

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