


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 035 ***150.00

DOCUMENT # P94000056385					
1. Entity Name BLOCKBUSTER INSURANCE CONSULTANTS, INC.					
Principal Place of Business 2828 NW 17 AVE MIAMI, FL 33142			Mailing Address 22828 NW 17 AVE MIAMI, FL 33142		
2. Principal Place of Business		3. Mailing Address 2828 NW 17 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI FL			
Zip		Country		Zip 33142	
Country		Country USA			
6. Name and Address of Current Registered Agent BEEVERS, ISABEL J 2828 NW 17 AVE. MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Nestor Morillo Street Address (P.O. Box Number is Not Acceptable) 2828 NW 17th Avenue City MIAMI FL Zip Code 33142		
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: Nestor Morillo <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD BEEVERS, ISABEL 2828 NW 17 AVE MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nestor Morillo 2828 NW 17th Ave MIAMI FL. 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 officers and directors.					
SIGNATURE: Nestor Morillo			4/24/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		