


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90012 004 \*\*\*158.75

<b>DOCUMENT # P95000008970</b> 1. Entity Name <b>FERNET INSURANCE BROKERS (USA) INC.</b>					
Principal Place of Business 4307 VINELAND RD. SUITE H-2 ORLANDO, FL 32811			Mailing Address 4307 VINELAND RD. SUITE H-2 ORLANDO, FL 32811		
2. Principal Place of Business <b>4407 Vineland Rd</b> Suite, Apt. #, etc. <b>D-6</b> City & State <b>Orlando, FL</b> Zip <b>32811</b> Country <b>USA</b>			3. Mailing Address <b>4407 Vineland Rd</b> Suite, Apt. #, etc. <b>D-6</b> City & State <b>Orlando FL</b> Zip <b>32811</b> Country <b>USA</b>		
4. FEI Number <b>59-3313632</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			07142004      Chg-P      CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>BENZIKIE, PETER A</b> <b>4307 VINELAND RD.</b> <b>SUITE H-2</b> <b>ORLANDO, FL 32811</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4407 Vineland Road</b> <b>D6</b> City <b>Orlando</b> State <b>FL</b> Zip Code <b>32811</b>		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BENZIKIE, PETER A</b> <input type="checkbox"/> Delete <b>4307 VINELAND STE H2</b> <b>ORLANDO, FL 32811</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4407 Vineland Rd, D-6</b> <b>Orlando, FL 32811</b>	
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	
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 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: <u><i>P. Benzikie</i></u> <b>President</b>			Date: <b>7-14-04</b> Daytime Phone #: <b>407-481-8581</b>		

**54063547**

