

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000008970

1. Entity Name
FERNET INSURANCE BROKERS (USA) INC.



Principal Place of Business

**4407 VINELAND RD
D-6
ORLANDO, FL 32811**

Mailing Address

**4407 VINELAND RD
D-6
ORLANDO, FL 32811**

DO NOT WRITE IN THIS SPACE



07272005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3313632

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENZIKIE, PETER A
4407 VINELAND RD
D6
ORLANDO, FL 32811**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 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

TITLE	P
NAME	BENZIKIE, PETER A
STREET ADDRESS	4407 VINELAND RD D-6
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/08/05-80007-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter A. Benzikie

8/3/05 407-481-8581

Date

Daytime Phone #