


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90206 036 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000012287

1. Entity Name
 FK INSURANCE CORP.



40063939



Principal Place of Business
 20660 W. DIXIE HWY
 NORTH MIAMI BEACH, FL 33180 US

Mailing Address
 301 YAMATO ROAD
 2100
 BOCA RATON, FL 33431 US

01302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
 65-0647419

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELIGSOHN, MICHAEL
 79 NW 108 TERR
 PLANTATION, FL 33324

Name SELIGSOHN, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO ROAD
SUITE 2100
 City BOCA RATON FL Zip Code 33431

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:  DATE: 4/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD FEINSILVER, PAUL <input type="checkbox"/> Delete
STREET ADDRESS	20660 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE NAME	STD KLOTZ, JAMES <input type="checkbox"/> Delete
STREET ADDRESS	20660 W. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:  DATE: JAMES A. KLOTZ 4/24/06 DAYTIME PHONE #: 561-368-5284

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR