


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000014476**

1. Entity Name  
 FLORIDA INSURANCE PROFESSIONALS, INC.



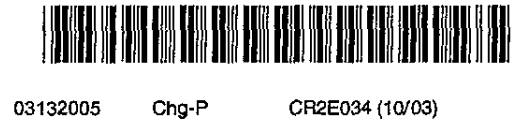
Principal Place of Business      Mailing Address  
 817 SW 122 AVE                      817 SW 122 AVE  
 MIAMI, FL 33184                      MIAMI, FL 33184

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



6. Name and Address of Current Registered Agent

**GONZALEZ, JORGE L**  
 817 SW 122 AVE  
 MIAMI, FL 33184

4. FEI Number                      Applied For  
**65-0648845**                      Not Applicable

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: PDS       Delete  
 NAME: GONZALEZ, JORGE L  
 STREET ADDRESS: 817 SW 122 AVE  
 CITY-ST-ZIP: MIAMI, FL 33184

TITLE: T       Delete  
 NAME: GONZALEZ, IVETTE  
 STREET ADDRESS: 817 SW 122 AVE  
 CITY-ST-ZIP: MIAMI, FL 33184

TITLE: VP       Delete  
 NAME: ALFONSO, MAIKEL  
 STREET ADDRESS: 817 SW 122 AVE  
 CITY-ST-ZIP: MIAMI, FL 33184

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

TITLE:       Delete  
 NAME:       Delete  
 STREET ADDRESS:       Delete  
 CITY-ST-ZIP:       Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       Addition

TITLE:       Change       Addition  
 NAME:       Change       Addition  
 STREET ADDRESS:       Change       Addition  
 CITY-ST-ZIP:       Change       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: \_\_\_\_\_ DATE: **3/14/05** DAYTIME PHONE #: **(305) 225-1243**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR