


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90176 001 ***150.00

DOCUMENT # P96000025402	
1. Entity Name INTERNATIONAL INSURANCE CONSULTANTS & ASSOC., INC/.	

Principal Place of Business 2450 HOLLYWOOD BLVD STE 406 HOLLYWOOD, FL 33020 US	Mailing Address 2450 HOLLYWOOD BLVD STE 406 HOLLYWOOD, FL 33020 US
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0656965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TORRES, JOSE R 2630 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020

**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 _____ (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, JOSE R 5141 SW 101ST AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TORRES, ANA 5141 SW 101ST AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TORRES, MARVIN J. 5141 SW 101ST AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TORRES, ANITA 5141 SW 101ST AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TORRES, JOSE R J 5141 SW 101ST AVE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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:  Jose R. Torres	4-30-04	954-923-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		