

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 031 ***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**

20017420



2. Principal Place of Business
3600 So. SR7, Ste. #34
Suite, Apt. #, etc.

3. Mailing Address
3600 So. SR7
Suite, Apt. #, etc.

#34
City & State
Miramar, FL

#34
City & State
Miramar, FL

Zip
33023

Country
Broward

Zip
33023

Country
Broward

02252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0656965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRES, JOSE R
2630 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
ANA TORRES
Street Address (P.O. Box Number is Not Acceptable)
3600 So. SR7
Ste. #34
City
Miramar FL Zip Code
33023

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
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 **D** ☒ Delete
NAME **TORRES, JOSE R**
STREET ADDRESS **5141 SW 101ST AVE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **VP** ☐ Delete
NAME **TORRES, ANA**
STREET ADDRESS **5141 SW 101ST AVE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **T** ☐ Delete
NAME **TORRES, MARVIN J.**
STREET ADDRESS **5141 SW 101ST AVE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **S** ☒ Delete
NAME **TORRES, ANITA**
STREET ADDRESS **5141 SW 101ST AVE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **VP** ☐ Delete
NAME **TORRES, JOSE R J**
STREET ADDRESS **5141 SW 101ST AVE**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ANITA Y. TORRES**
STREET ADDRESS **5141 S.W. 101 Ave.**
CITY-ST-ZIP **Cooper City, FL 33328** ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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: Anita Y. Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-05 **954-434-5910**
Date Daytime Phone