


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90001 025 \*\*\*150.00

<b>DOCUMENT # P96000060897</b>	
1. Entity Name <b>A TO Z INSURANCE AGENCY, INC.</b>	

Principal Place of Business <b>A TO Z INSURANCE AGENCY INC 5220 S STATE RD 7 FT LAUDERDALE, FL 33314 US</b>	Mailing Address <b>A TO Z INSURANCE AGENCY INC 5220 S STATE RD 7 FT LAUDERDALE, FL 33314 US</b>
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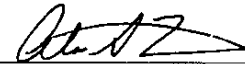
2. Principal Place of Business <b>2597-2599 GRIFFIN ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>2597-2599 GRIFFIN ROAD</b> Suite, Apt. #, etc.
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City & State <b>DANIA BEACH, FLORIDA</b>	City & State <b>DANIA BEACH, FL</b>
Zip <b>33312-5900</b>	Zip <b>33312-5900</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

  
07072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0684553</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>FARBMAN, ALAN S 5220 S. STATE ROAD 7 FT. LAUDERDALE, FL 33314</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 **ALAN S. FARBMAN**  **PRESIDENT** **7/7/2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FARBMAN, ALAN S 5220 S STATE RD 7 FT LAUDERDALE, FL 33314</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2597-2599 GRIFFIN ROAD DANIA BEACH, FL 33312-5900</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alan S. Farbman** **ALAN S. FARBMAN, PRESIDENT** **7/7/2006** **954-989-7575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #