


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90286 029 ***158.75

DOCUMENT # P96000101576 1. Entity Name INSURE-ALL INSURANCE AGENCY, INC.					
Principal Place of Business 20332 NW 2 AVE. MIAMI, FL 33169			Mailing Address 20332 NW 2 AVE. MIAMI, FL 33169		
2. Principal Place of Business 502 NW 54 Street Suite, Apt. #, etc. M		3. Mailing Address P.O. Box 370968 Suite, Apt. #, etc.			
City & State Miami, FL Zip 33137		City & State Miami, Florida Zip 33137		4. FEI Number 65-0712981	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JOHN H JR 1701 NW 187 ST MIAMI, FL 33056			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>John Johnson Jr</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <i>President John Johnson Jr</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> <i>5/1/2006</i> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOHNSON, JOHN H 1701 NW 187 STREET MIAMI, FL 33056 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, GWENDOLYN L 1701 NW 187 STREET MIAMI, FL 33056 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <i>John Johnson Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> <i>5/1/2006</i> <small>Date</small> </div> <div> <i>John Johnson Jr</i> <small>Daytime Phone #</small> </div> </div>		