


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000022031</b> 1. Entity Name MYCOMP INS AGENCY CORP.	
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Principal Place of Business 824 NW 183 ST. MIAMI, FL 33169	Mailing Address 824 NW 183 ST. MIAMI, FL 33169
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**DO NOT WRITE IN THIS SPACE**

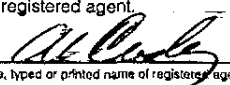


08122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0733942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RODRIGUEZ, MARCOS I 4320 NW 196TH ST. CAROL CITY GARDENS, FL 33055	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE 8/16/05


<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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	PD RODRIGUEZ, MARCOS I 4320 NW 196 ST CAROL CITY GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, DELIA M 4320 NW 196 ST CAROL CITY GARDENS, FL 33055
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08/19/05-800001-016 150.00

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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 8/16/05 DAYTIME PHONE # 305-770-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR