

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000029549

1. Entity Name
TODAY FOR TOMORROW INSURANCE PLANNERS, INC.



Principal Place of Business
**2464 PROVENCE CT
FT LAUDERDALE, FL 33327**

Mailing Address
**2464 PROVENCE CT
FT LAUDERDALE, FL 33327**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied F
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNOZ, NICHOLAS
2464 PROVENCE CT
FT LAUDERDALE, FL 33327**

**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 acknowledge 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000422808
02/17/06-80032-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNOZ, NICHOLAS
STREET ADDRESS	2464 PROVENCE CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33327
TITLE	S
NAME	MUNOZ, ANA CRISTINA
STREET ADDRESS	2464 PROVENCE CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, or in any other like empowered.

SIGNATURE:

2/1/06