

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000037497

1. Entity Name
SOUTH FLORIDA INSURANCE & INVESTMENTS
AGENCY CORP.



Principal Place of Business
7377 CORAL WAY
MIAMI, FL 33155

Mailing Address
7377 CORAL WAY
MIAMI, FL 33155



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0812426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALLADARES, CARLOS M
11885 SW 43 ST
MIAMI, FL 33175

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSTD
VALLADARES, CARLOS M
7377 CORAL WAY
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VP
VALLADARES, AMARILIS
11855 SW 43 ST
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
VALLADARES, MARILYN
11885 SW 43 ST
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
T
VALLADARES, MARLENE
11885 SW 43 ST
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

000000378612
01/09/06-80015-008 150.00

**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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/2006