


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90006 029 ***150.00

DOCUMENT # P98000022570		
1. Entity Name EMMANUEL INSURANCE & ASSOCIATES, INC.		

Principal Place of Business 2370 E. 8TH AVENUE HIALEAH, FL 33013	Mailing Address 2370 E. 8TH AVENUE HIALEAH, FL 33013
--	--

54055211

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DE LA ROCHA, DANIEL DIAZ 6303 SW 42 STREET MIAMI, FL 33155	
--	--

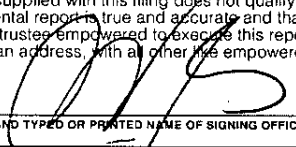
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____	DATE _____

FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD SANCHEZ, IMMER 2370 E. 8TH AVENUE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V MEDINA, SARAI 2370 E. 8TH AVENUE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correction of spelling Sanchez, Immer Address same</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 I am empowered.	
SIGNATURE: 	Date: 5/4/04 Daytime Phone #: 3056930003



Division of Corporations

Annual Report

Page 1

Document Number

P98000022570

Business Entity Name

EMMANUEL INSURANCE & ASSOCIATES, INC.

FEI Number

650337509

FEI Number State

Country of Origin

Principal Place of Business

Address

2370 E. 8TH AVENUE

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33013

Mailing Address

Address

2370 E. 8TH AVENUE

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33013

Name And Address of Registered Agent

Name (Last, First, Middle, Title) DE LA ROCHA

DANIEL DIAZ

-or- RA Business Name

Address

6303 SW 42 STREET

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33155

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature **MUST** be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

P98000022570



Division of Corporations

54055211

Annual Report

Page 2

Document Number

P98000022570

Business Entity Name

EMMANUEL INSURANCE & ASSOCIATES, INC.

Election Campaign Financing Trust Fund Contribution Yes

No

Title PD
Name (Last, First, Middle, Title) SANCHEZ IMER
-or- Entity Name
Street Address 2370 E. 8TH AVENUE
City, State HIALEAH FL
Zip Code & Country 33013

Title V
Name (Last, First, Middle, Title) MEDINA SARAI
-or- Entity Name
Street Address 2370 E. 8TH AVENUE
City, State HIALEAH FL
Zip Code & Country 33013

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

p98000022570

54055211

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title

Officer/Director Signature

President
Joaquín Sánchez

Continue Reset

Start Over

[Sunbiz Home Page](#)[Public Access Help](#)