


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000041233	
1. Entity Name INSURANCE CONSULTANTS OF SOUTH FLORIDA, INC.	

Principal Place of Business 8661 N.W. 17TH COURT PEMBROKE PINES, FL 33024	Mailing Address 8661 N.W. 17TH COURT PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE



03282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0835449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, ADRIANA 8661 N.W. 17TH COURT PEMBROKE PINES, FL 33024	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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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	000000099714 03/31/04-80017-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST PEREZ, ADRIANA 8661 NW 17 CT PEMBROKE PINES, FL 33024
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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)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Day-Mo Phone #</small>
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