## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

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NAME STREET ADDRESS

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MIAMI, FL 33144

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000050074  1. Entity Name NEIGHBORS INSURANCE AGENCY INC.				Secretary of State			
Principal Place of Business	Mailing Address						
7149 WEST FLAGLER MIAMI, FL 33144	7149 WEST FLAGLER MIAMI, FL 33144						
			01062005	No Chg-P	CR2E034 (10	0/03)	
DO NOT WRITE IN THIS SPA		ACE	4. FEI Numbe			Applied For	
			65-084		_ ¢g.7	Not Applicable  5 Additional	
	And the state of t		5. Certificate	of Status Desired		equired	
6. Name and Address of Current Registered Agent			-		-		
GONZALEZ, ANTONIO E		DO	NOT W	RITE			
7149 WEST FLAGLER MIAMI, FL 33144							
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IN THIS SPACE					
8. The above named entity submits this s the obligations of registered agent.	tatement for the purpose of changing its regis	tered office or registe	red agent, or bot	h, in the State of Flo	orida. I am familia	with, and accept	
the opligations of registered agent.							
SIGNATURE Signature, typed or printed name of re	gistered agent and title if applicable (NOTE, Regis	tered Agent signature requires	d when reinstating)		DATE		
	9. Election Campaign Fi	nancing &E	00.44	<u> </u>			
FILE NOW!!! FEE IS \$1! After May 1, 2005 Fee will b	30.00	on. 🖆 Add	.00 May Be led to Fees				
10. OFFI	CERS AND DIRECTORS						
пп. Р							
NAME GONZALEZ, ANTONIC STREET ADDRESS 7149 WEST FLAGLER							
CITY-ST-ZIP MIAMI, FL 33144				U0000	:0177370 5-80036-00	1 155 00	
TITLE V		1		01/11/05	ーロシシスケーリリ	טע.ככו ו	
NAME GONZALEZ, YARINA		J					
STREET ADDRESS   7149 WEST FLAGLER							

## DO NOT WRITE IN THIS SPACE

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 cath; 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 DUE DUE DANGE OF DIRECTOR DIRECTOR