2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000011386

1. Entity Name ZAGALES INSURANCE, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

8070 S.W. 81ST DRIVE MIAMI, FL 33143 Mailing Address

8070 S.W. 81ST DRIVE MIAMI, FL 33143



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0892867 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAGALES, CARLOS R 8070 S.W. 81ST DRIVE MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33143				IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE.	Signature, typed or printed name of registered agent and little in	rapplicacie (NOTE Regi	stered Agent signature	required when (emskeling)	DAIE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS		,		1.
NAME STREET ADDRESS GITY-ST-ZIP	ZAGALES, CARLOS R 6330 PENT PLACE MIAMI LAKES, FL 33014					
TITLE NAME STREET ADDRESS ORY-ST-ZIP					000000147983 05/03/04-80128-015 150.00	
TITLE NAME						
STREET ADDRESS OITY- ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIF				IN	THIS SPACE	. •
TITLE NAME STREET ADDRESS CITY-ST-ZIP						. •
TITLE NAME						. :
STREET ADDRESS CITY-ST-ZIP				- Marian C.		:.
12. Thereby	certify that the information supplied with this fil	ling does not qualify for the	exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informati	on

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 like empowered.

SIGNATURE:

Carlos R.

Sagales - DIRECTOR

04/18/04

305 279- 7990