


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000052679</b>	
1. Entity Name <b>SOSA'S &amp; ASSOCIATES INSURANCE SERVICES, INC</b>	

Principal Place of Business <b>1800 WEST 49 STREET STE 217 HIALEAH, FL 33012</b>	Mailing Address <b>1800 WEST 49 STREET STE 217 HIALEAH, FL 33012</b>
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03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0925302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, ESTEBAN DR.  
2851 EAST 8TH AVENUE  
HIALEAH, FL 33013**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000276554  
03/25/05-80042-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOSA, MAGALY 391 EAST 38 ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDERSON, ESTEBAN DR 2851 EAST 8 AVE HIALEAH, FL 33013
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**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 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

**3/22/05** **306-3629007**  
Date Daytime Phone #