


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90090 004 ***150.00

DOCUMENT # P99000061135					
1. Entity Name CUE-FARACH INSURANCE AGENCY, INC.					
Principal Place of Business 7902 NW 36TH STREET, #207 MIAMI, FL 33122			Mailing Address 7902 NW 36TH STREET, #207 MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0936980	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUE-FARACH, ANA M 14525 SW 56 TERR MIAMI, FL 33183				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 D	<input type="checkbox"/> Delete				
NAME CUE-FARACH, ANA M					
STREET ADDRESS 14525 SW 56 TERR					
CITY-ST-ZIP MIAMI, FL 33183					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME CUE-FARACH, ANA M					
STREET ADDRESS 14525 SW 56 TERR					
CITY-ST-ZIP MIAMI, FL 33183					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____					
_____ ANA M. CUE-FARACH					
_____ 1/18/07					
_____ (305) 418-4332					