2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000105348

1. Entity Name
INTERNATIONAL JEWELERS UNDERWRITERS AGENCY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6355 N.W. 36TH STREET MIAMI, FL 33166	6355 N.W. 36TH STREET MIAMI, FL 33166

02062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0968463
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNALLY, JAMES J
GABLES INTERNATIONAL PL., STE. 804
2655 LEJEUNE ROAD
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ACOSTA, ANTONIO
STREET ADDRESS	1040 AVE. OF THE AMERICAS, SUITE 1700
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	DVP
NAME	KASSAB, EDWARD Y
STREET ADDRESS	1665 S.W. 67TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	DST
NAME	CRISTOBAL, SANTIAGO
STREET ADDRESS	1040 AVE. OF THE AMERICAS, SUITE 1700
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80012-011 150.00

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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: _____ 2/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Date* *Daytime Phone #*