2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S08234

1. Entity Name
NORTH MIAMI INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
12935 WEST DIXIE HIGHWAY N MIAMI, FL 33161 US	12935 WEST DIXIE HIGHWAY N MIAMI, FL 33161 US

FILED

Feb 05, 2005 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0224201	Not Applicable

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

6. Name and Address of Current Registered Agent

HOLEMAN, JASON D
12935 WEST DIXIE HIGHWAY
N MIAMI, FL 33161

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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, 2005 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLEMAN, JASON D
STREET ADDRESS	2212 GREEN OAKS LN
CITY-ST-ZIP	TAMPA, FL 33612

U00000215920
02/05/05-80028-014 150.00

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TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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: _____   2/1/05   305/891-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #