

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

112

DOCUMENT # S69910

1. Entity Name

MAXIMUM PROTECTION INSURANCE CONSULTING INC

Maximum Protection Insurance Consulting Inc

Principal Place of Business

16502 NE 3RD AVE  
MIAMI, FL 33169

16502 NE 3rd Ave Miami

Mailing Address

7161 PEMBROKE RD #2  
#2  
PEMBROKE PINES, FL 33023

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 PM 12:58

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REINSTATEMENT

04

05132004 No Chg-P CR2E034(10/03)

4. FEI Number

65-0271788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM LAURNA  
7161 PEMBROKE PINES RD #2  
PEMBROKE PINES, FL 33023

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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 NO

Due by September 8, 2004

Trust Fund Contribution

☐

Added to Fees

corporation must receive the full notice

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZIZI, EMMANUEL
STREET ADDRESS	8407 NW 201 TERR
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VP
NAME	ZIZI, MARIE F
STREET ADDRESS	8407 NW 201 TERR
CITY-ST-ZIP	MIAMI, FL 33015
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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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.

SIG

*[Signature]*  
President  
Officer

9/29/04

(954) 989-8102

10/23/04

(954) 989-8102

page 1 of 2

2/2  
MAXIMUM PROTECTION INSURANCE CONSULTANTS, INC.

16602 N. E. 3rd Ave.  
N. Miami Beach, FL 33169

9/29/04

UNIFORM BUSINESS REPORT  
Division of Corporations  
P. O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Dear Division of Corporations,

We the above did not send in a report because we did not receive the form,  
in addition, we were uninformed about filling an annual report. We  
apologize for this and will make certain that in the future we file.

Thank you!

Sincerely,

  
EMMANUEL ZIZI

EM:lw

  
10-27-04