

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # S69910

1. Entity Name
**MAXIMUM PROTECTION INSURANCE CONSULTANTS,
INC.**



Principal Place of Business
**16602 NE 3RD AVE
N MIAMI, FL 33169**

Mailing Address
**7161 PEMBROKE RD
#2
PEMBROKE PINES, FL 33023**

DO NOT WRITE IN THIS SPACE



09062005 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**

**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

Laurna William

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
ZIZI, EMMANUEL
8407 NW 201 TERR
MIAMI, FL 33015**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000378060
09/09/05-80004-003 150.00

**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:

Marie Zizi

Marie Zizi

9/1/05

*(954)
989-8122*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #