

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69910

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MAXIMUM PROTECTION INSURANCE CONSULTANTS, INC.

## Current Principal Place of Business:

16602 NE 3RD AVE  
N MIAMI, FL 33169

## New Principal Place of Business:

16602 NE 3RD AVE  
N MIAMI, FL 33162

## Current Mailing Address:

7161 PEMBROKE RD  
#2  
PEMBROKE PINES, FL 33023

## New Mailing Address:

P.O.BOX 681225  
MIAMI, FL 33023

FEI Number: 65-0271788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ZIZI, NICK VP  
8407 NW 201 TERRACE  
HIALEAH, FL 33015 US

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.

SIGNATURE: MARIE F ZIZI

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZIZI, EMMANUEL  
Address: 8407 NW 201 TERR  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: ZIZI, MARIE F  
Address: 8407 NW 201 TERR  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZIZI, MARIE F P  
Address: 8407 NW 201 TERR  
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Change ( ) Addition  
Name: ZIZI, NICK VP  
Address: 8407 NW 201 TERR  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK ZIZI

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date