


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90042 045 ***150.00

DOCUMENT # S98720

1. Entity Name
MICHAEL J. ESKRA, CLU AND ASSOCIATES, INC.



Principal Place of Business Mailing Address

100 MIRACLE MILE **2716 GRANADA BLVD**
SUITE 250 **CORAL GABLES, FL 33134**
CORAL GABLES, FL 33134 **US**

94016206



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Suite 250
Coral Gables, FL

02062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0301119 Not Applicable

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

6. Name and Address of Current Registered Agent

ESKRA, MICHAEL J.
100 MIRACLE MILE STE 250
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESKRA, MICHAEL J.	
STREET ADDRESS	2716 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ESKRA, ANNE M.	
STREET ADDRESS	2716 GRANADA BLVD	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESKRA, PETER G.	
STREET ADDRESS	3716 GRANDN BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eskra, Peter G.	
STREET ADDRESS	2716 Granada Blvd.	
CITY-ST-ZIP	Coral Gables, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Peter Eskra* Date: *9/2/04* Daytime Phone #: *305-448-0100*