


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S98720	
1. Entity Name MICHAEL J. ESKRA, CLU AND ASSOCIATES, INC.	

Principal Place of Business 100 MIRACLE MILE SUITE 250 CORAL GABLES, FL 33134 US	Mailing Address 100 MIRACLE MILE SUITE 250 MIAMI, FL 33134
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0301119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESKRA, MICHAEL J. 2716 GRANADA BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ESKRA, ANNE M. 2716 GRANADA BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESKRA, PETER G. 2716 GRANADA BLVD. CORAL GABLES, FL
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02/08/06-80092-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/26/06 X 305-448-c
Date Daytime Phone