


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 Mailing Address
 100 MIRACLE MILE 100 MIRACLE MILE
 SUITE 250 SUITE 250
 CORAL GABLES, FL 33134 US MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	ESKRA, MICHAEL J.
STREET ADDRESS	2716 GRANADA BLVD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VSD
NAME	ESKRA, ANNE M.
STREET ADDRESS	2716 GRANADA BLVD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	ESKRA, PETER G.
STREET ADDRESS	2716 GRANADA BLVD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000409287
 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: K. [Signature] x 1/26/06 x 305-448-c
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #