

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 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**



02142007 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 ☐ **\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000647030
03/06/07-80056-003 150.00

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x2-20-07 x305-448-0100
Date Daytime Phone #