# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2006**
**Secretary of State**

DOCUMENT# V30887

**Entity Name:** GABOR INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

7270 NW 12TH ST
SUITE 700
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

7270 NW 12TH ST
SUITE 700
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number: 65-0328753** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GABOR, RONALD
7270 NW 12TH ST
STE. 130
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

GABOR, RONALD
7270 NW 12TH ST
STE. 700
MIAMI, FL 33126 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: _____ 04/13/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GABOR, FRANK,
Address: 7270 NW 12TH ST STE 700
City-St-Zip: MIAMI, FL 33126

Title: PDT ( ) Delete
Name: GABOR, RONALD,
Address: 7270 NW 12TH ST STE700
City-St-Zip: MIAMI, FL 33126

Title: VPS ( ) Delete
Name: MARTIN, OSCAR
Address: 7270 NW 12TH ST STE700
City-St-Zip: MIAMI, FL 33126

Title: AVPD ( ) Delete
Name: GONZALEZ, LOUROES
Address: 7270 NW 12TH ST STE 700
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: BOHNING, J. REID
Address: 7270 NW 12TH ST., STE 700
City-St-Zip: MIAMI, FL 33126

Title: V ( ) Delete
Name: KENNEY, ROBERT J
Address: 7270 NW 12 ST STE 700
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AVPD (X) Change ( ) Addition
Name: GONZALEZ, LOURDES
Address: 7270 NW 12TH ST STE 700
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD GABOR PDT 04/13/2006
Electronic Signature of Signing Officer or Director — Date