


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V33249

1. Entity Name
CHRISTOPHER A. WOLFE & ASSOCIATES, INC.



FILED
05 JUL 11 PM 1:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

CHRISTOPHER A WOLFE, CLU, ChFC **CHRISTOPHER A WOLFE, CLU, ChFC**
7840 SW 88TH ST., STE 21 **7840 SW 88TH ST., STE 21**
MIAMI, FL 33143 US **MIAMI, FL 33143 US**



2. Principal Place of Business 3. Mailing Address

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

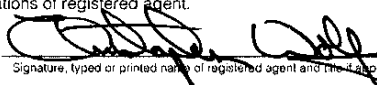
City & State City & State

Zip Country Zip Country

05262005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0338052		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CAMPBELL, D. MICHAEL 6603 S DIXIE HWY STE 303 MIAMI, FL 33143		Name: Christopher A. Wolfe, CLU, ChFC
		Street Address: 7840 SW 88th Street
		Suite 21
		Miami, Florida 33143
		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:  DATE: **7/5/2005**

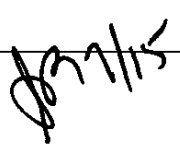
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees In accordance with s. 607-193(2)(b), F.S.; the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, CHRIS 7840 SW 88TH ST., STE 21 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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07/19/05--01016--014 **300.00



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:  DATE: **7/5/2005** (305) 273-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #