

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67717

FILED
Feb 27, 2006
Secretary of State

Entity Name: YEL CO. INSURANCE

Current Principal Place of Business:

3757 N.W. 36TH ST.
MIAMI, FL 33142

New Principal Place of Business:

3757 N.W. 36 STREET
MIAMI, FL 33142

Current Mailing Address:

3757 N.W. 36TH ST.
MIAMI, FL 33142

New Mailing Address:

3757 N.W. 36 STREET
MIAMI, FL 33142

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EISENBERG, LESLIE
Address: 3757 NW 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: EISENBERG, SUSAN
Address: 3757 NW 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: EISENBERG, A
Address: 3757 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: LAKHANI, CAROLYN
Address: 3757 NW 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CHAPELLE, C.
Address: 3757 NW 36 ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EISENBERG, LESLIE
Address: 3757 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: EISENBERG, SUSAN
Address: 3757 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33142

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

Title: D (X) Change () Addition
Name: LAKHANI, CAROLYN
Address: 3757 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33142

Title: D (X) Change () Addition
Name: CHAPELLE, C.
Address: 3757 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33142

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: LESLIE EISENBERG

D

02/27/2006

Electronic Signature of Signing Officer or Director

_____ Date