


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90251 028 ***150.00

DOCUMENT # P04000036891			
1. Entity Name FAINSTEIN INSURANCE AGENCY, INC.			
Principal Place of Business 8635 NW 8TH STREET APT. 421 MIAMI, FL 33126		Mailing Address 8635 NW 8TH STREET APT 421 MIAMI, FL 33126	
2. Principal Place of Business <i>11332 SW 18 CT</i>		3. Mailing Address <i>11332 SW 18 CT</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIRAMAN, FL</i>		City & State <i>MIRAMAN, FL</i>	
4. FEI Number 68-0579614		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 FAINSTEIN, MANNY 8635 NW 8TH STREET APT 421 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name <i>FAINSTEIN, MANNY</i> Street Address (P.O. Box Number is Not Acceptable) <i>11332 SW 18 CT</i> City <i>MIRAMAN</i> FL Zip Code <i>33025</i>	
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 <i>MANNY FAINSTEIN</i> DATE <i>01/11/2006</i> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE <i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAINSTEIN, MANNY		NAME <i>FAINSTEIN, MANNY</i>	
STREET ADDRESS 8635 NW 8TH STREET, APT 421		STREET ADDRESS <i>11332 SW 18 CT</i>	
CITY-ST-ZIP MIAMI, FL 33126		CITY-ST-ZIP <i>MIRAMAN, FL 33025</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>MANNY FAINSTEIN</i>		Date <i>01/11/2006</i> Daytime Phone # <i>(954) 431-9293</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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