

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 194447			
1. Entity Name FLORIDA ASSURERS INC			
Principal Place of Business SIDNEY NEEDELMAN 1463 DREXEL AVE MIAMI BEACH FL 33139		Mailing Address SIDNEY NEEDELMAN 1463 DREXEL AVE MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0789963	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

NEEDELMAN, SIDNEY 1463 DREXEL AVE. MIAMI BEACH FL 33139	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEEDELMAN, SIDNEY 1463 DREXEL AVE. MIAMI BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000190814 01/24/05-80149-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEEDELMAN, LEIGH B 1463 DREXEL AVENUE MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leigh B. Needelman 01/19/05 (305) 532-2471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #