

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122974

FILED
Feb 07, 2006
Secretary of State

Entity Name: 1ST CHOICE INSURANCE OF FLORIDA INC.

Current Principal Place of Business:

3260 W HILLSBOROUGH AVE
APT 105
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3260 W HILLSBOROUGH AVE
APT 105
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-3408927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, RALPH
10921 AIRVIEW DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

INALVIS, ROQUE
3260 W HILLSBOROUGH AVE
#105
TAMPA, FL 33614 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: INALVIS ROQUE

02/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROQUE, INALVIS
Address: 3260 W HILLSBOROUGH AVE #105
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: ZAMORA, VICTOR
Address: 3260 W HILLSBOROUGH AVE #105
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: INALVIS ROQUE

P

02/07/2006

Electronic Signature of Signing Officer or Director

Date