

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003585

FILED
Mar 04, 2011
Secretary of State

Entity Name: TOFFALES INSURANCE AGENCY INC.

Current Principal Place of Business:

377 OAK STREET 4TH FLOOR
GARDEN CITY, NY 11530

New Principal Place of Business:

Current Mailing Address:

377 OAK STREET 4TH FLOOR
GARDEN CITY, NY 11530

New Mailing Address:

FEI Number: 11-3347239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOFFALES, GUS
19495 BISCAYNE BLVD STE 301
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TOFFALES, GUS
1301 E. BROWARD BLVD. SUITE 260
FORT LAUDERDALE, FL 33301 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:

Electronic Signature of Registered Agent

03/04/2011

Date

OFFICERS AND DIRECTORS:

Title: CVCD
Name: TOFFALES, GUS
Address: 377 OAK STREET 4TH FLOOR
City-St-Zip: GARDEN CITY, NY 11530

Title: PVST
Name: TOFFALES, GUS
Address: 377 OAK STREET 4TH FLOOR
City-St-Zip: GARDEN CITY, NY 11530

I hereby 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 all other like empowered.

SIGNATURE: GUS TOFFALES

PRES

03/04/2011

Electronic Signature of Signing Officer or Director

Date