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: STEVEN BREITBART

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: COOPER CITY FL 33328

1

Officer/Director Detail :				
Title	DPT	Title	S	
Name	BREITBART, STEVEN H	Name	BREITBART, SUSAN R	
Address	P O BOX 9328	Address	5090 SW 89 TERR.	
City-State-Zip:	FORT LAUDERDALE FL 33310	City-State-Zip:	COOPER CITY FL 33328	

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: STEVEN H BREITBART

Current Mailing Address: P.O. BOX 9328

Electronic Signature of Registered Agent

FEI Number: 59-2415183

Name and Address of Current Registered Agent:

BREITBART, STEVEN H 800 CORPORATE DRIVE

FT. LAUDERDALE, FL 33334 US

SUITE 220

FT. LAUDERDALE, FL 33310 US

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95138

Entity Name: BREITBART INSURANCE CORPORATION

Current Principal Place of Business:

800 CORPORATE DRIVE SUITE 220 FT. LAUDERDALE, FL 33334

PRESIDENT

01/11/2019

Jan 11, 2019 Secretary of State 9960796821CC

> 01/11/2019 Date

FILED

Certificate of Status Desired: No

Date