

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 202892 1. Entity Name STEFFEN INSURANCE AGENCY, INC	
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Principal Place of Business 8701 SW 141 ST #4 MIAMI FL 33176 US	Mailing Address 8701 SW 141 ST #4 MIAMI FL 33176 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FE# Number 59-0805203	Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent SALVATORE, DAVIDE 5615 SHERIDAN ST. HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent in title. (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEFFEN, MYRA J 8701 SW 141 ST #4 MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000802733 02/04/08-80012-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Myra J. Steffen, pres.* **1-23-08** **305-255-6138**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR