

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001542

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** ROBERT SHOR INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

1010 RIVAS CANYON ROAD  
PACIFIC PALISADES, CA 90272

**New Principal Place of Business:**

**Current Mailing Address:**

1010 RIVAS CANYON ROAD  
PACIFIC PALISADES, CA 90272

**New Mailing Address:**

FEI Number: 95-3075003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: SHOR, ROBERT E  
Address: 1010 RIVAS CANYON ROAD  
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: S ( ) Delete  
Name: SHOR, SUZANNE M  
Address: 1010 RIVAS CANYON ROAD  
City-St-Zip: PACIFIC PALISADES, CA 90272

**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 Section 119.07(3)(i), 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: SUZANNE M. SHOR

OFFI

01/09/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date