2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005566

City-St-Zip:

NEW YROK, NY 10016

Entity Name: WOLFSON INSURANCE BROKERAGE, INC.

FILED Aug 07, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
9 E 37TH ST NEW YROK, NY 10016				
Current Mailing Address:		New Mailing Address:		
9 E 37TH ST NEW YROK, NY 10016				
FEI Number: 13-3686763	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
CORPORATION SERVIC 1201 HAYS STREET TALLAHASSEE, FL 323				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Name: WOLFSON, AD Address: 9 E 37TH ST	Delete AM	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ADAM WOLFSON PRES 08/07/2007