

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000003585

**FILED**  
**Dec 06, 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:**

2255 GLADES ROAD-SUITE 324A  
BOCA RATON, FL 33431

**Current Mailing Address:**

377 OAK STREET 4TH FLOOR  
GARDEN CITY, NY 11530

**New Mailing Address:**

377 OAK STREET 4TH FL  
GARDEN CITY, NY 11530

**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  
1301 E. BROWARD BLVD. SUITE 260  
FORT LAUDERDALE, FL 33301 US

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

TOFFALES, GUS  
2255 GLADES ROAD- SUITE 324A  
BOCA RATON, FL 33431 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:

12/06/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CVCD  
Name: TOFFALES, GUS  
Address: 2255 GLADES ROAD -SUITE 324A  
City-St-Zip: BOCA RATON, FL 33431

Title: PVST  
Name: TOFFALES, GUS  
Address: 2255 GLADES ROAD-SUITE 324A  
City-St-Zip: BOCA RATON, FL 33431

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

12/06/2011

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

\_\_\_\_\_  
Date