

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F70920

FILED
Mar 16, 2012
Secretary of State

Entity Name: CAREFREE INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

207 HOLIDAY DRIVE
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2368
HALLANDALE BEACH, FL 330082368 US

New Mailing Address:

FEI Number: 59-2169918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATELSON, ROBERTA
207 HOLIDAY DRIVE.
HALLANDALE BEACH, FL 33009 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

OFFICERS AND DIRECTORS:

Title: P
Name: NATELSON, ROBERTA
Address: 207 HOLIDAY DR
City-St-Zip: HALLANDALE BCH, FL 33009

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: ROBERTA NATELSON

P

03/16/2012

Electronic Signature of Signing Officer or Director

Date