## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

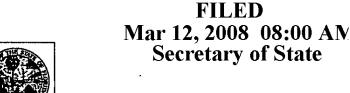
## DOCUMENT # G30298 ZOT INSURANCE AGENCY, INC. Principal Place of Business 10344 SW 26 ST **DAVIE, FL 33324**

STREET ADDRESS

CITY-SY-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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## Mailing Address 10344 SW 26 ST **DAVIE, FL 33324** No Chg-P 03092008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-2285060 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, WILLIAM J. DO NOT WRITE 10344 SW 26TH ST **DAVIE, FL 33324** IN THIS SPACE 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 acc the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 **电线 1985**是中国的 OFFICERS AND DIRECTORS 10: STD NAME PHILLIPS, DANIA H STREET ADDRESS 10344 SW 26TH ST CITY-ST-ZIP **DAVIE, FL 33324** U00000856337 03/28/08-80005-013 150.00 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati-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 direct 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 changed, or on an attachment with an address, with all other like empowered.