

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95138

FILED
Jan 28, 2004
Secretary of State

Entity Name: BREITBART INSURANCE CORPORATION

Current Principal Place of Business:

5800 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33310 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 9328
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 59-2415183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN BREITBART
5800 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33309 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: DPT () Delete
Name: BREITBART, STEVEN,
Address: 5800 N. ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S () Delete
Name: BREITBART, SUSAN R
Address: 5090 SW 89 TERR.
City-St-Zip: FORT LAUDERDALE, FL 33328

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: STEVEN BREITBART

DPT

01/28/2004

Electronic Signature of Signing Officer or Director

Date