

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96906

FILED  
Mar 02, 2008  
Secretary of State

Entity Name: FLORIDA AUTO INSURANCE INC.

**Current Principal Place of Business:**

6740 TAFT ST  
HOLLYWOOD, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

6740 TAFT ST  
HOLLYWOOD, FL 33024 US

**New Mailing Address:**

2663 RIO DE JANEIRO AV  
COOPER CITY, FL 33026 US

FEI Number: 59-2396813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNCH, J. DAVID  
224 COMMERCIAL BLVD  
STE 310  
LAUDERDALE BY THE SEA, FL 33308 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: DP ( ) Delete  
Name: SHLIMOWITZ, MICHEL,  
Address: 6740 TAFT ST  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICHEL SHLIMOWITZ

PRES

03/02/2008

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

\_\_\_\_\_  
Date