

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # J01181 1. Entity Name FIORENTINO INSURANCE AGENCY, INC.			
Principal Place of Business % JOHN FIORENTINO 7251 W. PALMETTO PK. RD., STE. 100 BOCA RATON, FL 33433 US		Mailing Address % JOHN FIORENTINO 7251 W. PALMETTO PK. RD., STE. 100 BOCA RATON, FL 33433 US	
DO NOT WRITE IN THIS SPACE			
		01172007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2690919	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIORENTINO, JOHN 7251 W. PALMETTO PARK RD. SUITE 100 BOCA RATON, FL 33433		DO NOT WRITE 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 accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE 000000634868 02/22/07-80029-019 150.00	
NAME	FIORENTINO, JOHN		
STREET ADDRESS	7251 W PALMETTO PK RD		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/17/07 361-368-4704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	