2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13136

Entity Name: SOUTH FLORIDA INSURANCE ASSOCIATES, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

7491 W. OAKLAND PK. BLVD. SUITE 301 LAUDERHILL, FL 33319 US

Current Mailing Address: New Mailing Address:

7491 W. OAKLAND PK. BLVD. SUITE 301 LAUDERHILL, FL 33319 US

FEI Number: 59-2671782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CRAMMER, FELICE 7491 W OAKLAND PARK BLVD SUITE 301 LAUDERHILL, FL 33319 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: CRAMMER, FELICE, Name: CRAMMER, FELICE,

Address: 7481 W OAKLAND PARK BLVD STE 102 Address: 7491 W OAKLAND PARK BLVD STE 301

City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: LAUDERHILL, FL 33319

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: FELICE CRAMMER PD 04/27/2004