# 2007 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # J13136**

1. Entity Name
SOUTH FLORIDA INSURANCE ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3801 N. UNIVERSITY DR. SUITE 311 SUNRISE, FL 33351    US | 3801 N. UNIVERSITY DR. SUITE 311 SUNRISE, FL 33351    US |

## DO NOT WRITE IN THIS SPACE

04182007     No Chg-P     CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-2671782 | Not Applicable |

5. Certificate of Status Desired  ☐    **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CRAMMER, FELICE
3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE, FL  33351

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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.

05/04/07-80012-002

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.    (NOTE. Registered Agent signature required when reinstating)    DATE

05/04/07-80055-024  150.00

| **FILE NOW!!! FEE IS $150.00** **After May 1, 2007 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution.  ☐ | **$5.00** May Be Added to Fees |
|---|---|---|

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | CRAMMER, FELICE |
| STREET ADDRESS | 3801 N. UNIVERSITY DR., 311 |
| CITY-ST-ZIP | SUNRISE, FL  33351 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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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: _Felice Crammer_    4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #