

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13136

FILED
May 01, 2008
Secretary of State

Entity Name: SOUTH FLORIDA INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

3801 N. UNIVERSITY DR.
SUITE 311
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 59-2671782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAMMER, FELICE
Address: 3801 N. UNIVERSITY DR., 311
City-St-Zip: SUNRISE, FL 33351

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: FELICE CRAMMER

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date