

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13136

FILED
Apr 29, 2010
Secretary of State

Entity Name: SOUTH FLORIDA INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

3801 N. UNIVERSITY DR.
SUITE 318
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

3801 N. UNIVERSITY DR.
SUITE 318
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 318
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: CRAMMER, FELICE
Address: 3801 N. UNIVERSITY DR., 318
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: EDWIN L CRAMMER

CPA

04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date