2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# K08796

Entity Name: BARRY GODIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

5900 W. HALLANDALE BCH BLVD.
HOLLYWOOD, FL 33021

New Principal Place of Business:

PO BOX 81-3381
HOLLYWOOD, FL 33081

Current Mailing Address:

5900 W. HALLANDALE BCH BLVD.
HOLLYWOOD, FL 33021

New Mailing Address:

PO BOX 81-3381
HOLLYWOOD, FL 33081

FEI Number: 65-0022773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GODIN, FLORA
5900 W. HALLANDALE BCH BLVD.
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MATTHEW J. KAHN, PA
12555 ORANGE DR
STE 230
DAVIE, FL 33330 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: MATTHEW J. KAHN 03/23/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GODIN, FLORA
Address: 5900 W. HALLANDALE BCH. BLVD.
City-St-Zip: HOLLYWOOD, FL 33023

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 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: FLORA GODIN DP 03/23/2005
Electronic Signature of Signing Officer or Director Date