

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45963

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** SAPOZNIK INSURANCE & ASSOCIATES, INC.

**Current Principal Place of Business:**

1100 NE 163 ST  
2ND FLOOR  
N MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 NE 163 ST  
2ND FLOOR  
N MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:** 65-0086146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORFINKEL, NESTOR B  
20818 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 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: DP  
Name: SAPOZNIK, RACHEL DP  
Address: 1100 NE 163 STREET, 2ND FLOOR  
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: VP  
Name: WEBERMAN, GRACY VP  
Address: 1100 NE 163 STREET, 2ND FLOOR  
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: T  
Name: SAPOZNIK, MARIO T  
Address: 1100 NE 163 STREET, 2ND FLOOR  
City-St-Zip: N MIAMI BEACH, FL 33162 US

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: MARIO SAPOZNIK

T

02/03/2010

Electronic Signature of Signing Officer or Director

Date