2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# L88317

Entity Name: SBS INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

595 S FEDERAL HWY
SUITE 500
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

595 S FEDERAL HWY
SUITE 500
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-3025829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, STEVEN C
595 S FEDERAL HWY
STE 500
BOCA RATON, FL 33432 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

OFFICERS AND DIRECTORS:

Title: CEOC
Name: LEEDS, MARSHALL
Address: 595 S FEDERAL HWY STE 500
City-St-Zip: BOCA RATON, FL 33432

Title: TS
Name: JACOBS, STEVEN
Address: 595 S FEDERAL HWY STE 500
City-St-Zip: BOCA RATON, FL 33432

Title: VP
Name: SMITH, STAN
Address: 595 S FEDERAL HWY STE 500
City-St-Zip: BOCA RATON, FL 33432

Title: VP
Name: FENIGER, DAN
Address: 595 S FEDERAL HWY STE 500
City-St-Zip: BOCA RATON, FL 33432

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: STEVEN JACOBS TS 02/17/2011

Electronic Signature of Signing Officer or Director — Date