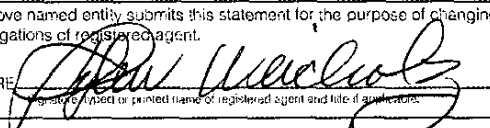
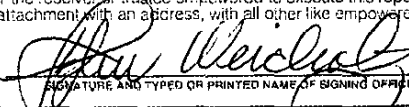


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 023 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M05283 1. Entity Name BRITAMCO UNDERWRITERS, INC.			
Principal Place of Business 210 UNIVERSITY DR STE 900 CORAL SPRINGS, FL 33071		Mailing Address PO BOX 770668 CORAL SPRINGS, FL 33077-0668	
2. Principal Place of Business 925 S. Federal Hwy Suite, Apt. #, etc. Suite 715 City & State Boca Raton, FL Zip 33432		3. Mailing Address 925 S. Federal Hwy Suite, Apt. #, etc. Suite 715 City & State Boca Raton, FL Zip 33432	
4. FEI Number 59-2472983		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WEICHOLZ, STEPHEN 210 UNIVERSITY DR STE 900 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Stephen Weicholz Street Address (P.O. Box Number is Not Acceptable) 925 S. Federal Hwy Suite 715 City Boca Raton FL Zip Code 33432	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 01/05/2004 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST WEICHOLZ, STEPHEN 210 UNIVERSITY DR CORAL SPRINGS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST Stephen Weicholz 925 S. Federal Hwy Boca Raton, FL 33432 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  President		DATE: 01/05/2004	