## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000057649

FILED Nov 09, 2006 Secretary of State

Entity Name: JEFFREY M. EPSTEIN INSURANCE AGENCY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
8925 SW <sup>-</sup> SUITE 210 MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
8925 SW <sup>-</sup> SUITE210 MIAMI, FL	148TH ST, 33176			
FEI Number	: 65-1017986	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
PATEL, IS 4341 SW <sup>-</sup> MIAMI, FL	155 CT			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the State	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
in the State	e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both,  Date
in the State	e of Florida. RE:	c Signature of Registered Age	ent	
in the State	e of Florida.  RE: Electroni  S AND DIRECT	c Signature of Registered Age	ent	Date
in the State SIGNATUI  OFFICER: Title: Name: Address:	e of Florida.  RE: Electroni  S AND DIRECT  V () PATEL, BIMAL 4341 SW 155 C MIAMI, FL 3318	c Signature of Registered Age  FORS:  Delete  T  5  Delete R  I CT.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ISHWER PATEL P 11/09/2006