2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057649

FILED Mar 30, 2007 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
8925 SW SUITE 210 MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
8925 SW SUITE210 MIAMI, FL				
FEI Number	: 65-1017986	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
PATEL, IS 4341 SW MIAMI, FL	155 CT			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the լ	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida. [*] RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. RE: Electror			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electror	nic Signature of Registered Ag	ent	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electror mpaign Financin S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete	ent	Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financin S AND DIREC V (PATEL, BIMAL 4341 SW 155 (MIAMI, FL 331	nic Signature of Registered Agr g Trust Fund Contribution (). TORS:) Delete CT 85) Delete ER H CT.	ent 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 03/30/2007