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Secretary of State

04-25-2003 90239 030 ***150.00

11016921

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066903

1. Entity Name
ALL FLORIDA REAL ESTATE & INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2112 SOUTHWEST 71ST WAY DAVIE, FL 33317	2112 SOUTHWEST 71ST WAY DAVIE, FL 33317

2. Principal Place of Business: 6536 SW 41st Street		3. Mailing Address: P.O.Box 245301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: P.O Box 245301	
City & State: DAVIE, FLORIDA		City & State: Pembroke Pines. FL	
Zip: 33314	Country: USA	Zip: 33314	Country: U.SA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1023778 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHOKWANI, JAIDEEP R
2112 SW 71ST WAY
DAVIE, FL 33317

7. Name and Address of New Registered Agent

Name: BHOJWANI, JAIDEEP. R
Street Address (P.O. Box Number is Not Acceptable): 6536 SW 41st Street
City: DAVIE FL Zip Code: 33314

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 [signature] JAIDEEP BHOJWANI PRES 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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-ST-ZIP	PSTD BHOJWANI, JAIDEEP 2112 SOUTHWEST 71ST WAY DAVIE, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BHOJWANI JAIDEEP 6536 SW 41 Street DAVIE FL 33314 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAIDEEP BHOJWANI
PRES