

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093062

FILED
Jan 05, 2007
Secretary of State

Entity Name: FLORIDA STATE INSURANCE & AUTO TAGS, INC.

Current Principal Place of Business:

927 A N.FEDERAL HWY.
FT.LAUDERDALE, FL 33303

New Principal Place of Business:

927 A N.FEDERAL HWY.
FT.LAUDERDALE, FL 33304

Current Mailing Address:

927 A N.FEDERAL HWY.
FT.LAUDERDALE, FL 33303

New Mailing Address:

927 A N.FEDERAL HWY.
FT.LAUDERDALE, FL 33304

FEI Number: 65-1045927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFF, L SCOTT
927 A N.FEDERAL HWY
FT.LAUDERDALE, FL 33303 US

Name and Address of New Registered Agent:

HOFF, L SCOTT
927 A N.FEDERAL HWY
FT.LAUDERDALE, FL 33304 US

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: LOUIS HOFF

01/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPT () Delete
Name: HOFF, L.SCOTT
Address: 927 A NORTH FEDERAL HGWY
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUIS HOFF

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

Date