2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P01000019415

Entity Name: LITWIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

2737 EAST OAKLAND PARK BLVD
103H
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

2703 EAST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

Current Mailing Address:

17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1080106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALMAN, MARTIN H
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: KASSAL, LAWRENCE
Address: 2787 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: KASSAL, LAWRENCE
Address: 2703 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE KASSAL PRES 04/23/2005

Electronic Signature of Signing Officer or Director Date