

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019415

Entity Name: LITWIN INSURANCE AGENCY, INC.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

1216 EAST ATLANTIC BLVD
#2
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LITWIN, ROSLYN
Address: 401 BRINY AVE., APT. 506
City-St-Zip: POMPANO BEACH, FL 33062

Title: VSTD
Name: KASSAL, LAWRENCE
Address: 401 BRINY AVE., APT. 506
City-St-Zip: POMPANO BEACH, FL 33062

I hereby 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 all other like empowered.

SIGNATURE: ROSLYN LITWIN

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date