

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # P01000111576

1. Entity Name
PEACE OF MIND INSURANCE, INC.



Principal Place of Business

8000 SW 117 AVE
PH-A
MIAMI, FL 33183

Mailing Address

8000 SW 117 AVE
PH-A
MIAMI, FL 33183



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1156434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, ROBERT
8000 SW 117 AVE
PH-A
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000626690
02/15/07-80030-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ROSENTHAL, ROBERT
8000 SW 117 AVE PH-A
MIAMI, FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROSENTHAL, JILL
715 NW 79TH AVENUE
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ROBERT ROSENTHAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07
Date

3054120800
Daytime Phone #