

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111576

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: PEACE OF MIND INSURANCE, INC.

## Current Principal Place of Business:

8000 SW 117 AVE  
PH-A  
MIAMI, FL 33183

## New Principal Place of Business:

## Current Mailing Address:

8000 SW 117 AVE  
PH-A  
MIAMI, FL 33183

## New Mailing Address:

FEI Number: 65-1156434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENTHAL, ROBERT  
8000 SW 117 AVE  
PH-A  
MIAMI, FL 33183 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: PTD ( ) Delete  
Name: ROSENTHAL, ROBERT  
Address: 8000 SW 117 AVE PH-A  
City-St-Zip: MIAMI, FL 33183

Title: VD ( ) Delete  
Name: ROSENTHAL, JILL  
Address: 715 NW 79TH AVENUE  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT ROSENTHAL

PTD

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date