2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P02000000201

Entity Name: POPA INSURANCE GROUP INC.

Current Principal Place of Business:

8401 LAKE WORTH RD, STE 106
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8401 LAKE WORTH RD, STE 106
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 03-0450431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPA, FLORIN
16970 VALENCIA BLVD
LOXAHATCHEE, FL 33470 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: P
Name: POPA, FLORIN
Address: 16970 VALENCIA BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D
Name: POPA, LUMINITA
Address: 16970 VALENCIA BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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: FLORIN POPA OWNE 01/05/2011

Electronic Signature of Signing Officer or Director Date