

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019463

FILED
Apr 19, 2011
Secretary of State

Entity Name: CAROL CITY DISCOUNT INSURANCE INC.

Current Principal Place of Business:

18391 NW 27 AVE.
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

18391 NW 27 AVE.
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 03-0389464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODARZI, HAMID
18391 NW 27 AVE
CAROL CITY, FL 33056 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: CEO
Name: GOODARZI, HAMID
Address: 18391 NW 27 AVE
City-St-Zip: CAROL CITY, FL 33056

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: HAMID GOODARZI

CEO

04/19/2011

Electronic Signature of Signing Officer or Director

Date