

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023189

FILED
Mar 24, 2009
Secretary of State

Entity Name: SAVI JHAGRU INSURANCE AGENCY INC.

Current Principal Place of Business:

4747 N OCEAN BLVD
240
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

1593 S STATE ROAD 7
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

4747 N OCEAN BLVD
240
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

1593 S STATE ROAD 7
NORTH LAUDERDALE, FL 33068

FEI Number: 02-0550493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JHAGRU, SAVITRI
4747 N OCEAN BLVD
240
LAUDERDALE BY THE SEA, FL 33308 US

Name and Address of New Registered Agent:

JHAGRU, SAVITRI
1593 S STATE ROAD 7
NORTH LAUDERDALE, FL 33068 US

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: SAVITRI JHAGRU

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JHAGRU, SAVITRI
Address: 4747 N OCEAN BLVD, STE 240
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D () Delete
Name: JHAGRU, ROSHAN
Address: 4747 N OCEAN BLVD, STE 240
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D (X) Delete
Name: JHAGRU, ROSHAN
Address: 4747 N OCEAN BLVD, STE 240
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: D (X) Delete
Name: JHAGRU, SAVITRI
Address: 4747 N OCEAN BLVD, STE 240
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JHAGRU, SAVITRI
Address: 1593 S STATE ROAD 7
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D (X) Change () Addition
Name: JHAGRU, ROSHAN
Address: 1593 S STATE ROAD 7
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: SAVITRI JHAGRU

MRS

03/24/2009

Electronic Signature of Signing Officer or Director

Date