2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P02000046619

Entity Name: BROWARD EXPRESS AUTO INSURANCE AGENCY INC.

Current Principal Place of Business:

10657 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

10657 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 04-3657695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKOP, MICHAEL W
12865 W. DIXIE HWY
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

BABUGLIA, MARIA C
1319 ST TROPEZ CIRCLE APT #1201
WESTON, FL 33326 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: MARIA C BABUGLIA 03/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALEM, ISABEL H
Address: 13841 N.W. 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SALEM, ISABEL C
Address: 13841 N.W. 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: ISABEL C SALEM OWNE 03/26/2009
Electronic Signature of Signing Officer or Director Date