

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053424

FILED
Jul 09, 2004
Secretary of State

Entity Name: AFFILIATED INSURANCE SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7565 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7565 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 01-0697768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCHESI, JOSEPH F
7565 BRIAR CLIFF CIRCLE
LAKE WORTH, FL 33467

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUCESI, JOSEPH F
Address: 7565 BRIAR CLIFF CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: JOSEPH F. LUCESI

PRES

07/09/2004

Electronic Signature of Signing Officer or Director

_____ Date