


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90227 009 \*\*\*150.00

**DOCUMENT # P02000065381**

1. Entity Name  
**ELITE FLORIDA INSURANCE, INC.**



Principal Place of Business  
**4512 N FLAGLER DRIVE  
 SUITE 304  
 WEST PALM BEACH, FL 33407**

Mailing Address  
**4512 N FLAGLER DRIVE  
 SUITE 304  
 WEST PALM BEACH, FL 33407**

**60001692**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**HOROWITZ, MICHAEL  
 4512 N FLAGLER DRIVE  
 SUITE 307  
 WEST PALM BEACH, FL 33407**



01062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3682451**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 304**  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOROWITZ, MICHAEL</b>	
STREET ADDRESS	<b>113 WATERFORD DRIVE</b>	
CITY-ST-ZIP	<b>JUPITER, FL 33458</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOROWITZ, DEBRA L</b>	
STREET ADDRESS	<b>3379 EIFFEL DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HOROWITZ, SHEILA</b>	
STREET ADDRESS	<b>3379 EIFFEL DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Horowitz, Secty. Date: 1/13/06 Daytime Phone #: 561-845-0409