


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 04-3682451 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HOROWITZ, MICHAEL
 4512 N FLAGLER DRIVE
 SUITE 304
 WEST PALM BEACH, FL 33407**

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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)

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

10. OFFICERS AND DIRECTORS

| | |
|--------------------|--|
| TITLE P | HOROWITZ, MICHAEL 113 WATERFORD DRIVE JUPITER, FL 33458 |
| TITLE S | HOROWITZ, DEBRA L 3379 EIFFEL DRIVE WEST PALM BEACH, FL 33417 |
| TITLE VP | HOROWITZ, SHEILA 3379 EIFFEL DRIVE WEST PALM BEACH, FL 33417 |
| TITLE | |
| TITLE | |
| TITLE | |

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 01/07/08-80010-017 150.00

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 Howard Saly **1/4/08** **261 845 0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #