

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065381

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 04-3682451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOROWITZ, MICHAEL S PRES.  
4512 N FLAGLER DRIVE  
SUITE 304  
WEST PALM BEACH, FL 33407 US

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOROWITZ, MICHAEL S  
Address: 113 WATERFORD DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: S  
Name: HOROWITZ, DEBRA L  
Address: 3379 EIFFEL DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP  
Name: HOROWITZ, SHEILA B  
Address: 3379 EIFFEL DR  
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL HOROWITZ

P

02/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date