

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100245

Entity Name: FLORIDA FIRST INSURANCE OF BROWARD, INC.

FILED  
Mar 26, 2008  
Secretary of State

**Current Principal Place of Business:**

1831 N 66TH AVE  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

1831 N 66TH AVENUE  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 54-2073820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DHANA, LEISA  
1831 N 66TH AVENUE  
HOLLYWOOD, FL 33024 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DHANA, LEISA  
Address: 649 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: VSD ( ) Delete  
Name: DHANA, FIDEL  
Address: 649 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: LEISA DHANA

PRES

03/26/2008

Electronic Signature of Signing Officer or Director

Date