2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031883

3820 NW 107 TERR

SUNRISE, FL 33351

Address:

City-St-Zip:

FILED Jul 27, 2004 Secretary of State

Entity Name: FIRST CHOICE INSURANCE SERVICES, INC.			S, INC.	Secretary of State	
Current Principal Place of Business:			New Principal Place	e of Business:	
3820 NW 10 SUNRISE, F					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3820 NW 10 SUNRISE, F					
FEI Number: 3	32-0068735	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			2975 B WEST COMN	FASTRAK ENTERPRISE, INC 2975 B WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309 US	
The above r in the State		ry submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: VILLY CHOUTE				07/27/2004	
Electronic Signature of Registered Agent 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Address:	PD THELUSMA, 3820 NW 10 SUNRISE, F	7 TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD SINGH, LLO 3820 NW 10 SUNRISE, F	7 TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:		()Delete .TT, PARBATEE R	Title: STD Name: BISSOONI	(X) Change()Addition DATT, DEVIN	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

3820 NW 107 TERR

SUNRISE, FL 33351

SIGNATURE: ANNA THELUSMA P 07/27/2004