2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096775

PLANTATION, FL 33317

City-St-Zip:

Entity Name: JOE'S LOW COST INSURANCE GROUP, INC

FILED Apr 25, 2004 Secretary of State

Littly Na	ille. JOES LC	W COST INSURANCE GRO	OF, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
937 1/2 SOUTH STATE ROAD 7 PLANTATION, FL 33317				4141 NW 5 STREET 100, #15 PLANTATION, FL 33317		
Current Mailing Address:				New Mailing Address:		
937 1/2 SOUTH STATE ROAD 7 PLANTATION, FL 33317				4141 NW 5 STREET 100, #15 PLANTATION, FL 33317		
FEI Number	: 20-0205561	FEI Number Applied For ()	FEI Number i	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name a				ne and Address of	New Registered Agent:	
9358 N.W. SUNRISE, The above		T US	purpose of cha	nging its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered Ac	jent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	JOSEPH, HUG	STATE ROAD 7	Title: Nam Addr City-	e:) Change ()Addition	
Title: Name: Address:	JOSEPH, HUG	Delete D I STATE ROAD 7	Title: Nam Addr	e:) Change () Addition	

City-St-Zip:

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.

SIGNATURE: HUGO JOSEPH PVST 04/25/2004