

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000096775

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4929 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4929 NORTH UNIVERSITY DRIVE  
LAUDERHILL, FL 33351

**New Mailing Address:**

**FEI Number:** 20-0205561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENE, ANDREW H  
450 NORTH PARK ROAD SUITE 107  
HOLLYWOOD, FL 33021 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: PVST  
Name: JOSEPH, HUGO  
Address: 8501 NW 43RD COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D  
Name: JOSEPH, HUGO  
Address: 8501 NW 43RD COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

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: HUGO JOSEPH

PRES

03/02/2012

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

\_\_\_\_\_  
Date