

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147637

FILED
Mar 04, 2005
Secretary of State

Entity Name: FLORIDA FIRST INSURANCE OF DIXIE, INC.

Current Principal Place of Business:

2117 S. DIXIE HWY
LAKE WORTH, FL 33460

New Principal Place of Business:

2117 N DIXIE HWY
LAKE WORTH, FL 33460

Current Mailing Address:

2117 S. DIXIE HWY
LAKE WORTH, FL 33460

New Mailing Address:

2117 N DIXIE HWY
LAKE WORTH, FL 33460

FEI Number: 75-3138758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODA-LOPEZ, NIOVEL
1791 EMILIO LANE
WEST PALM BEACH, FL 33406 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: D () Delete
Name: NODA-LOPEZ, NIOVEL
Address: 1791 EMILIO LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D (X) Delete
Name: NODA, DENISSE
Address: 3193 DREW WAY
City-St-Zip: WEST PALM BEACH, FL 33406

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 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: NIOVEL NODA-LOPEZ

D

03/04/2005

Electronic Signature of Signing Officer or Director

Date