

**2005-FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90230 006 ***150.00

DOCUMENT # P04000143565

1. Entity Name

**PROFESSIONAL INSURANCE & PROPERTY SERVICES OF
SOUTH FLORIDA, INC.**



Principal Place of Business

1100 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

Mailing Address

1100 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

2. Principal Place of Business

12420 Summer Spgs Dr.

Suite, Apt. #, etc.

3. Mailing Address

12420 Summer Springs Dr.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Boynton Beach FL

Zip
33437

Country

USA

City & State

Boynton Beach FL

Zip

33437

Country

USA

4. FEI Number

65-0811357

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIGLIOTTI, RICHARD
1100 S. FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **VIGLIOTTI, RICHARD**
STREET ADDRESS **1100 S. FEDERAL HIGHWAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Change Addition
NAME **VIGLIOTTI, RICHARD**
STREET ADDRESS **12420 Summer Springs Dr**
CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bradley D. CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

861-732-3113

Daytime Phone #