

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168090

FILED
Apr 08, 2010
Secretary of State

Entity Name: CONTINENTAL INSURANCE AGENCY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1452 N. KROME AVE.
SUITE 104
FLORIDA CITY, FL 33034

New Principal Place of Business:

1008 NW 1 AVE.
HOMESTEAD, FL 33030

Current Mailing Address:

1452 N. KROME AVE.
SUITE 104
FLORIDA CITY, FL 33034

New Mailing Address:

1008 NW 1 AVE.
HOMESTEAD, FL 33030

FEI Number: 20-1996959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, MARIA
1452 N. KROME AVE.
SUITE 104
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

CRESPO, MARIA
1008 NW 1 AVE.
HOMESTEAD, FL 33030 US

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: MARIA CRESPO

04/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: CRESPO, MARIA
Address: 1008 NW 1 AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: HAZARD, ANTHONY
Address: 1008 NW 1 AVE.
City-St-Zip: HOMESTEAD, FL 33030

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: MARIA CRESPO

D

04/08/2010

Electronic Signature of Signing Officer or Director

Date