

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172059

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** SOUTHERN STATE INSURANCE BROKERS, INC.

**Current Principal Place of Business:**

7485 SW 179 STREET  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 557334  
MIAMI, FL 33255 US

**New Mailing Address:**

**FEI Number:** 71-0975755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLAN, JACK  
7485 S.W. 179 STREET  
MIAMI, FL 33157 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: P,D ( ) Delete  
Name: NOLAN, JACK  
Address: PO BOX 557334  
City-St-Zip: MIAMI, FL 33255 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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:** JACK NOLAN

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04/29/2006

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

\_\_\_\_\_  
Date