

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147899

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA INSURANCE SPECIALIST, INC.

## Current Principal Place of Business:

9000 SHERIDAN STREET, SUITE 162  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

9000 SHERIDAN STREET  
SUITE 111  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

9000 SHERIDAN STREET, SUITE 162  
PEMBROKE PINES, FL 33024

## New Mailing Address:

P.O. BOX 848326  
PEMBROKE PINES, FL 33084

FEI Number: 20-3739569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILL, YAMILET PS  
7991 JOHNSON STREET  
SUITE C  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

HILL, YAMILET P  
9000 SHERIDAN STREET  
SUITE 111  
PEMBROKE PINES, FL 33024 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: YAMILET HILL

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: HILL, YAMILET PS  
Address: 9000 SHERIDAN STREET, SUITE 162  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HILL, YAMILET P  
Address: P.O. BOX 848326  
City-St-Zip: PEMBROKE PINES, FL 33084

Title: S ( ) Change (X) Addition  
Name: ORAMAS, SONNY  
Address: 9000 SHERIDAN STREET SUITE 111  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: YAMILET HILL

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date