

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153661

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** FLORIDA FIRST INSURANCE OF HOLLYWOOD INC.

**Current Principal Place of Business:**

2515 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

2515 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

**FEI Number:** 20-3808140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANKERSINGH, RHONDA R  
8190 CLEARY BLVD APT 1908  
PLANTATION, FL 33324 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 ( ) Delete  
Name: SANKERSINGH, RHONDA R  
Address: 8190 CLEARY BLVD APT 1908  
City-St-Zip: PLANTATION, FL 33324

Title: V ( ) Delete  
Name: COX, TRACE  
Address: 6651 FALCONSGATE WAY  
City-St-Zip: DAVIE, FL 33331

**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 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:** TRACE COX

V

02/16/2009

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

\_\_\_\_\_  
Date