

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008655

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA LOW COST INSURANCE GROUP, INC

Current Principal Place of Business:

43 BLUE HERON BLVD E
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

43 BLUE HERON BLVD E
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 56-2635237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTHEW, JOSEPH
7512 NW 3RD CT
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

EMMANUEL, ODELIE
4450 PORTOFINO WAY #207
WEST PALM BEACH, FL 33409 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: ODELIE EMMANUEL

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, SHERLIE
Address: PO BOX 9091
City-St-Zip: WEST PALM BEACH, FL 33419 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 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: SHERLIE JOSEPH

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date