

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008655

FILED  
May 05, 2010  
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 ( )**

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

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

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

EMMANUEL, ODELIE  
1276 OLYMPIC CIR  
GREENACRES, FL 33413 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:

Electronic Signature of Registered Agent

05/05/2010

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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: SHERLIE JOSEPH

P

05/05/2010

Electronic Signature of Signing Officer or Director

Date