

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071505

FILED
Jan 21, 2011
Secretary of State

Entity Name: KNIGHT INSURANCE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

662 N.W. 119 STREET
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

662 N.W. 119 STREET
MIAMI, FL 33168

New Mailing Address:

FEI Number: 26-0385988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, TRACE
6651 FALCONSGATE AVE
DAVIE, FL 33331 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

OFFICERS AND DIRECTORS:

Title: PT
Name: COX, TRACE
Address: 6651 FALCONSGATE AVE
City-St-Zip: DAVIE, FL 33331

Title: VPS
Name: SHERSHEVSKY, LARRY
Address: 3208 N.E. 40TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33308

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: TRACE COX

P

01/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date