

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071505

**FILED**  
**Jan 29, 2012**  
**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

01/29/2012

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

\_\_\_\_\_  
Date