

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125032

Entity Name: EZ INSURANCE GROUP INC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8461 LAKE WORTH RD  
SUITE 166  
LAKE WORTH, FL 33467

## **Current Mailing Address:**

8461 LAKE WORTH RD  
SUITE 166  
LAKE WORTH, FL 33467

## **New Principal Place of Business:**

801 NORTHPOINT PARKWAY  
SUITE 109  
WEST PALM BEACH, FL 33407

## **New Mailing Address:**

801 NORTHPOINT PARKWAY  
SUITE 109  
WEST PALM BEACH, FL 33407

FEI Number: 26-1428976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOSEPH, SIMONE V  
13399 52ND CT N  
WEST PALM BEACH, FL 33411 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: P  
Name: JOSEPH, SIMONE V  
Address: 13399 52ND CT N  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP  
Name: JEREMIAH, EARL  
Address: 801 NORTHPOINT PARKWAY  
City-St-Zip: WEST PALM BEACH, FL 33407

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: SIMONE JOSEPH

DIR

04/27/2011

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

\_\_\_\_\_  
Date