

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000052491

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** STATEWIDE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

8050 SW 10 ST., SUITE 4400  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8050 SW 10 ST., SUITE 4400  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 26-2685721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TORRES, ANGELO  
8151 PETERS ROAD  
2200  
PLANTATION, FL 33324 US

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

TORRES, ANGELO  
8050 SW 10TH ST  
4400  
PLANTATION, FL 33324 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

02/24/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TORRES, ANGELO  
Address: 8050 SW 10TH ST #4400  
City-St-Zip: PLANTATION, FL 33324

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: ANGELO TORRES

P

02/24/2011

Electronic Signature of Signing Officer or Director

Date