2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# P09000062717

Entity Name: FLORIDA INSURANCE RESTORATION EXPERTS INC.

Current Principal Place of Business:

2890 ST. ROAD 84
108
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

C/O COMPUKEEPER INC.
2298 NW 2ND AVE SUITE 20
BOCA RATON, FL 33431 US

New Mailing Address:

2890 ST. ROAD 84
108
FT. LAUDERDALE, FL 33312 US

FEI Number: 27-0601497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREENE, TIM
2890 ST. ROAD 84
STE 108
FT. LAUDERDALE, FL 33312 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: VP
Name: GREENE, TIMOTHY
Address: 2890 ST ROAD 84 STE 108
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: P
Name: ROSMAN, MARIO
Address: 2890 ST. ROAD 84 STE 108
City-St-Zip: FT. LAUDERDALE, FL 33312 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: TIMOTHY GREENE VP 01/04/2011

Electronic Signature of Signing Officer or Director Date