

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000045256

Entity Name: KAASH INSURANCE INC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7106 SOUTHGATE BLVD  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

7106 SOUTHGATE BLVD  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 45-2208254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEIR ANDERSON, SYLVIA  
3343 BONITO LANE  
MARGATE, FL 33063 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: WEIR ANDERSON, SYLVIA  
Address: 7106 SOUTHGATE BLVD  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: SYLVIA WEIR ANDERSON

PRES

04/24/2012

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

\_\_\_\_\_  
Date