

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P11000053770

FILED
Dec 11, 2012
Secretary of State

Entity Name: INSURE-FLORIDA ASSOCIATES INC.

Current Principal Place of Business:

8461 LAKE WORTH RD
SUITE 409
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8461 LAKE WORTH RD
SUITE 409
LAKE WORTH, FL 33467

New Mailing Address:

3467 HARNESS CIRCLE
LAKE WORTH, FL 33449

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLESKY, VICTORIA
8461 LAKE WORTH RD
SUITE 409
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

ZAHORNACKY, ROBERT
8461 LAKE WORTH RD
SUITE 409
LAKE WORTH, FL 33467 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: ROBERT ZAHORNACKY

12/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D
Name: OLESKY, VICTORIA
Address: 8461 LAKE WORTH RD. SUITE 409
City-St-Zip: LAKE WORTH, FL 33467

Title: P/D
Name: ZAHORNACKY, ROBERT
Address: 8461 LAKE WORTH RD SUITE 409
City-St-Zip: LAKE WORTH, FL 33467

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: ROBERT ZAHORNACKY

P/D

12/11/2012

Electronic Signature of Signing Officer or Director

Date