

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000053594

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** BERNIE CARR INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12049 SW 117TH AVE  
MIAMI, FL 33186

**New Principal Place of Business:**

12600 SW 120TH ST  
SUITE 108  
MIAMI, FL 33186

**Current Mailing Address:**

12049 SW 117TH AVE  
MIAMI, FL 33186

**New Mailing Address:**

12600 SW 120TH ST  
SUITE 108  
MIAMI, FL 33186

**FEI Number:** 65-0474110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARR, BERNARD  
6720 SW 141 STREET  
MIAMI, FL 33158 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST ( ) Delete  
**Name:** CARR, BERNARD  
**Address:** 6720 SW 141ST STREET  
**City-St-Zip:** MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** BERNARD CARR

DPST

01/16/2008

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

\_\_\_\_\_  
Date