

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000657

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** LEVI & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

902 CLINT MOORE ROAD, STE. 108  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

902 CLINT MOORE ROAD, STE. 108  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 65-0562027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARUCH, LEVI  
929 CLINT MOORE RD  
BOCA RATON, FL 33487 US

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

BARUCH, LEVI  
902 CLINT MOORE RD # 108  
BOCA RATON, FL 33487 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:** BARUCH LEVI

01/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEVI, BARUCH  
**Address:** 21569 HALSTED DR  
**City-St-Zip:** BOCA RATON, FL 33428

**Title:** VP  
**Name:** LEVI, LISA  
**Address:** 21569 HALSTED DR  
**City-St-Zip:** BOCA RATON, FL 33428

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:** BARUCH LEVI

P

01/08/2012

Electronic Signature of Signing Officer or Director

Date