

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063026

FILED
Apr 14, 2005
Secretary of State

Entity Name: INSURANCE CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1515 UNIVERSITY DRIVE
SUITE 120
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1515 UNIVERSITY DRIVE
SUITE 120
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0679830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, HALLY
1515 UNIVERSITY DRIVE
SUITE 120
CORAL SPRINGS, FL 33071 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: D,P () Delete
Name: SCHWARTZ, RICHARD
Address: 9974 NW 2ND COURT
City-St-Zip: PLANTATION, FL 33324

Title: D,V () Delete
Name: SCHWARTZ, HALLY
Address: 9974 NW 2ND COURT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HALLY SCHWARTZ

V

04/14/2005

Electronic Signature of Signing Officer or Director

Date