

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000028288

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** BROWARD COUNTY INSURANCE, TAGS & TITLE, INC.

**Current Principal Place of Business:**

2750 N UNIVERSITY DR.  
FORT LAUDERDALE, FL 33322

**New Principal Place of Business:**

1831 S ROAD 7  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

2750 N UNIVERSITY DR.  
FORT LAUDERDALE, FL 33322

**New Mailing Address:**

9501 NW 18TH PLACE  
PLANTATION, FL 33322

**FEI Number:** 65-0825620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VISCUSI, MICHAEL  
9524 NW 9TH CT.  
PLANTATION, FL 33324 US

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

VISCUSI, MICHAEL  
9501 NW 18TH PLACE  
PLANTATION, FL 33322 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VISCUSI, MICHAEL A D  
Address: 9501 NW 18TH PLACE  
City-St-Zip: PLANTATION, FL 33322

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: MICHAEL VISCUSI

D

03/30/2011

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

\_\_\_\_\_  
Date