2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000072896

1. Entity Name

INSURANCE GROUP OF SOUTH FLORIDA, INC.



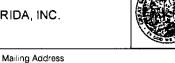
FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

1835 S PERIMETER RD

STE 165

FORT LAUDERDALE, FL 33309



C/O BLAKESBERG & CO CPAS 951 SW 4TH AVE

BOCA RATON, FL 33432-5803

DO NOT WRITE IN THIS SPACE

04172008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-0858910
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

954 605.55

6. Name and Address of Current Registered Agent

WILLIAM, BLAKESBERG 951 SW 4TH AVE BOCA RATON, FL 33422-5803

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	_
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Re	legislered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees	U00000914553 05/08/09-80062-002 150.00	_
10.	OFFICERS AND DIREC	TORS	Ĺ		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEINMAN, STEVEN 1835 S. PERIMETER STE 165 FORT LAUDERDALE, FL 33309					
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indicated of the cor	on this report or supplemental report is true as	nd accurate and that my s to execute this report as	signature shall have	e the same legal effec	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 	