

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101259

Entity Name: L. GOLDMAN INSURANCE GROUP, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

3487 N. HIATUS RD
SUNRISE, FL 33351

New Principal Place of Business:

12260 SW 53 STREET
SUITE 601
COOPER CITY, FL 33330

Current Mailing Address:

3487 N HIATUS RD
SUNRISE, FL 33351

New Mailing Address:

12260 SW 53 STREET
SUITE 601
COOPER CITY, FL 33330

FEI Number: 65-0877141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, LAWRENCE
3487 N. HIATUS ROAD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

GOLDMAN, LAWRENCE
12260 SW 53 STREET
SUITE 601B
COOPER CITY, FL 33330 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:

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: GOLDMAN, LAWRENCE H
Address: 3487 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: GOLDMAN, LAWRENCE H
Address: 12260 SW 53 STREET SUITE 601B
City-St-Zip: COOPER CITY, FL 33330

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: LAWRENCE H. GOLDMAN

O

01/09/2009

Electronic Signature of Signing Officer or Director

Date