2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P99000110361

Entity Name: L C INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

100 NE 3RD AVE
SUITE 1000
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

6190 NW 91 AVE
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 65-0972676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRIO, LORRAINE
6190 NW 91 AVENUE
PARKLAND, FL 33067 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: DP ( ) Delete
Name: CARRIO, LORRAINE
Address: 6190 NW 91 AVENUE
City-St-Zip: PARKLAND, FL 33067

Title: ST ( ) Delete
Name: CARRIO, CRYSTAL
Address: 6190 NW 91 AVENUE
City-St-Zip: PARKLAND, FL 33067

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 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: LORRAINE CARRIO DP 01/25/2009

Electronic Signature of Signing Officer or Director Date