

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S35539

Entity Name: ALL CARS INSURANCE INC.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1274 N MILITARY  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1274 N MILITARY  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 65-0253639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEINER, PETER  
1274 N MILITARY TR  
W PALM BCH, FL 33409 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

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: LAZZARA, FRANK  
Address: 7415 WOODLAND CREEK LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: DPT  
Name: STEINER, PETER  
Address: 7234 WINDY PERSERVE  
City-St-Zip: LAKE WORTH, FL 33467

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: PETER STEINER

PRES

01/19/2011

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

\_\_\_\_\_  
Date