


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V21494**  
 1. Entity Name  
 DIGIORGIO INSURANCE, INC.



Principal Place of Business      Mailing Address  
 7820 N UNIVERSITY DRIVE      7820 N UNIVERSITY DRIVE  
 TAMARAC, FL 33321 US      TAMARAC, FL 33321 US

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0618165      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIGIORGIO, MICHAEL  
 7820 N UNIVERSITY DRIVE  
 TAMARAC, FL 33321

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIGIORGIO, MICHAEL 7114 NW 70 TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DIGIORGIO, MICHAEL 7114 NW 70 TERRACE PARKLAND, FL 33067
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U00000380237  
 01/11/06-80004-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Giorgio      1-5-2006      954-721-4959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #