

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21494

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** DIGIORGIO INSURANCE, INC.

**Current Principal Place of Business:**

7820 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7820 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 65-0618165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIGIORGIO, MICHAEL  
7820 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 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: DP  
Name: DIGIORGIO, MICHAEL  
Address: 7078 NW 71 TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: ST  
Name: DIGIORGIO, MICHAEL  
Address: 7078 NW 71 TERRACE  
City-St-Zip: PARKLAND, FL 33067

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: MICHAEL DIGIORGIO

DP

01/05/2011

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

\_\_\_\_\_ Date