2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

DOCUMENT# V26276

Entity Name: MAX OF FLORIDA, INSURANCE, INC.

Current Principal Place of Business:

19453 NW 23 PL
PEMBROKE PINES, FL 33029

New Principal Place of Business:

19453 NW 23 PL
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

19453 NW 23 PL
PEMBROKE PINES, FL 33029

New Mailing Address:

19453 NW 23 PL
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0327529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRESS, RONALD
19453 NW 23 PL
PEMBROKE PINES, FL 33029 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: D
Name: GOLDTEIN, BERNARD B
Address: 19453 NW 23 PL
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D
Name: GRESS, RONALD
Address: 19453 NW 23 PL
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: RONALD GRESS DV 02/09/2011

Electronic Signature of Signing Officer or Director Date