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.

AGENT

SIGNATURE: MARC D GOLDMAN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :**

SIGNATURE:

Title	S	Title	Р
Name	GOLDMAN, SAMIRA J	Name	GOLDMAN, MARC D
Address	1237 CHENILLE CIR.	Address	1237 CHENILLE CIR.
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

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.

FEI Number: 65-1159712

Name and Address of Current Registered Agent:

GOLDMAN, MARC D 8162 W MCNAB RD NORTH LAUDERDALE, FL 33068 US

Entity Name: MARC D. GOLDMAN INSURANCE AGENCY, INC. **Current Principal Place of Business:**

8162 W MCNAB RD NORTH LAUDERDALE, FL 33068

Current Mailing Address:

8162 W MCNAB RD NORTH LAUDERDALE. FL 33068

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117911

Certificate of Status Desired: No

Date

FILED Jan 16, 2013 Secretary of State CC6565027224

Date

01/16/2013