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.

PRES

SIGNATURE: LOUIS HOFF

Electronic Signature of Signing Officer/Director Detail

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

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.

Title	PRES	Title	TREA
Name	HOFF, LOUIS	Name	HOFF, LOUIS
Address	927A N FEDERAL HGWY	Address	927 A N FEDERAL HGWY
City-State-Zip:	FORT LAUDERDALE FL 33304	City-State-Zip:	FORT LAUDERDALE FL 33304
Title	SECT		
Name	HOFF, LOUIS		
Address	927A N FEDERAL HGWY		

FEI Number: 26-4826420

SIGNATURE:

Name and Address of Current Registered Agent:

HOFF, LOUIS 927A NORTH FEDERAL HGWY FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

927 A NORTH FEDERAL HGWY FORT LAUDERDALE, FL 33304

927 A NORTH FEDERAL HGWY FORT LAUDERDALE, FL 33304

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040215 Entity Name: FLORIDA STATE INSURANCE & AUTO TAGS, INC.

Current Principal Place of Business:

FILED Feb 26, 2014 Secretary of State CC2299681692

Certificate of Status Desired: No

02/26/2014 Date

Date