

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040215

**Entity Name:** FLORIDA STATE INSURANCE & AUTO TAGS, INC.

**Current Principal Place of Business:**

927 A NORTH FEDERAL HGWY  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

927 A NORTH FEDERAL HGWY  
FORT LAUDERDALE, FL 33304

**FEI Number: 26-4826420**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

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

*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: LOUIS HOFF**

**PRES**

**03/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date