

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F29059

FILED
Jan 12, 2009
Secretary of State

Entity Name: FAMILY INSURANCE SERVICES, INC.

Current Principal Place of Business:

18463 PINES BLVD
PEMBROKE PIENS, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18463 PINES BLVD
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 59-2083376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SINGERMAN, BERGER P.A.
350 EAST LAS OLAS BLVD
STE 1000
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

SAMUELS, LEONARD
350 EAST LAS OLAS BLVD
STE 1000
FT LAUDERDALE, FL 33301 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: BRIAN MARINO

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PMVD () Delete
Name: MARINO, BRIAN T.,
Address: 3101 S OCEAN DR #2707
City-St-Zip: HOLLYWOOD, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMVD (X) Change () Addition
Name: MARINO, BRIAN T.,
Address: 3101 S OCEAN DR #2803
City-St-Zip: HOLLYWOOD, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN MARINO

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date