

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F29059

FILED  
Feb 08, 2012  
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:**

SAMUELS, LEONARD  
350 EAST LAS OLAS BLVD  
STE 1000  
FT LAUDERDALE, FL 33301 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: PMVD  
Name: MARINO, BRIAN T.  
Address: 3101 S OCEAN DR #2803  
City-St-Zip: HOLLYWOOD, FL 33029

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: BRIAN MARINO

P

02/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date