

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081079

Entity Name: CWI UNDERWRITERS CORP.

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

5220 S. UNIVERSITY DR., STE 101C  
DAVIE, FL 33328

**New Principal Place of Business:**

5220 S. UNIVERSITY DR.  
101C  
DAVIE, FL 33328

**Current Mailing Address:**

5220 S. UNIVERSITY DR., STE 101C  
DAVIE, FL 33328

**New Mailing Address:**

5220 S. UNIVERSITY DR.  
101C  
DAVIE, FL 33328

FEI Number: 14-2003468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAVIER, CIARA  
5220 S. UNIVERSITY DR., STE 101C  
DAVIE, FL 33328 US

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

GRAVIER, CIARA  
5220 S. UNIVERSITY DR.  
101C  
DAVIE, FL 33328 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

01/06/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAVIER, CIARA  
Address: 15907 WAVERLY MANOR  
City-St-Zip: DAVIE, FL 33331

Title: V  
Name: GRAVIER, ESTHER  
Address: 5220 S. UNIVERSITY DR., STE 101C  
City-St-Zip: DAVIE, FL 33328

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: CIARA GRAVIER

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

PRES

01/06/2011

\_\_\_\_\_  
Date