

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067434

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** SEGURO INSURANCE SERVICES, INC

**Current Principal Place of Business:**

433 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432

**New Principal Place of Business:**

2255 GLADES ROAD  
SUITE 319A  
BOCA RATON, FL 33431

**Current Mailing Address:**

433 PLAZA REAL  
SUITE 275  
BOCA RATON, FL 33432

**New Mailing Address:**

2255 GLADES ROAD  
SUITE 319A  
BOCA RATON, FL 33431

**FEI Number:** 26-3125199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIANO, JOSEPH  
433 PLAZA REAL SUITE 275  
BOCA RATON, FL 33432 US

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

RIANO, JOSEPH  
2255 GLADES ROAD  
SUITE 319A  
BOCA RATON, FL 33431 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: JOSEPH RIANO

01/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIANO, JOSEPH  
Address: 6645 NW 75TH PLACE  
City-St-Zip: PARKLAND, FL 33067

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: JOSEPH P RIANO

P

01/27/2011

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

\_\_\_\_\_  
Date