

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000025599

**Entity Name:** AT TAMIAMI INSURANCE, CORP

**Current Principal Place of Business:**

11362 SW 184 ST  
MIAMI, FL 33157

**Current Mailing Address:**

11362 SW 184 ST  
MIAMI, FL 33157

**FEI Number: 26-4502534**

**Certificate of Status Desired: No**

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

ARIA, JOSE  
11362 SW 184 ST  
MIAMI, FL 33157 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	PD	Title	VP
Name	ARIA, JOSE	Name	LLULL, JENNIFER
Address	11362 SW 184 ST	Address	11362 SW 184 ST
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157

*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: JENNIFER LLULL**

**VP**

**04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date