

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000072261

**Entity Name:** ALLIED MARKETING INSURANCE GROUP, INC.

**Current Principal Place of Business:**

8785 SW 165 AVE  
SUITE 103  
MIAMI, FL 33193

**Current Mailing Address:**

8785 SW 165 AVE  
SUITE 103  
MIAMI, FL 33193 US

**FEI Number:** 27-0822729

**Certificate of Status Desired:** No

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

MUNOZ, JUAN  
8785 SW 165 AVE  
SUITE 103  
MIAMI, FL 33193 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 P/TR  
Name GARCIA, WILLIAM  
Address 8785 SW 165 AVE  
SUITE 103  
City-State-Zip: MIAMI FL 33193

Title VP/D  
Name MUNOZ, JUAN J  
Address 8785 SW 165 AVE  
SUITE 103  
City-State-Zip: MIAMI FL 33193

Title S  
Name PEREZ, PILAR  
Address 8785 SW 165 AVE  
SUITE 103  
City-State-Zip: MIAMI FL 33193

*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:** JUAN J. MUNOZ

VP

03/05/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date