## **2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F1000000550

Entity Name: NAS INSURANCE SERVICES, INC.

**Current Principal Place of Business:** 

16501 VENTURA BLVD #200 ENCINO. CA 91436

**Current Mailing Address:** 

16501 VENTURA BLVD#200 ENCINO, CA 91436

FEI Number: 95-3952981 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Jan 09, 2014

**Secretary of State** 

CC8029093465

Officer/Director Detail:

Title D Title P

Name ROBIN, EDWARD B Name ROBIN, RICHARD J

Address 16501 VENTURA BLVD #200 Address 16501 VENTURA BLVD #200

City-State-Zip: ENCINO CA 91436 City-State-Zip: ENCINO CA 91436

Title S

Name LINHARDT, JILL S

Address 16501 VENTURA BLVD #200

City-State-Zip: ENCINO CA 91436

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: RICHARD JOSEPH ROBIN

**PRESIDENT** 

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date