

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000771

**Entity Name:** SHAHINIAN INSURANCE SERVICES, INC.**Current Principal Place of Business:**801 PARK CENTER DRIVE, SUITE 101  
SANTA ANA, CA 92705**Current Mailing Address:**801 PARK CENTER DRIVE, SUITE 101  
SANTA ANA, CA 92705**FEI Number:** 33-0788386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**3H AGENT SERVICES, INC.  
1415 PANTHER LANE  
SUITE 327  
NAPLES, FL 34109 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	DPST
Name	SHAHINIAN, LIZABETH
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

Title	CFO
Name	SHAHINIAN, LIZABETH
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

Title	D
Name	SHAHINIAN, SANDRA
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

Title	DV
Name	SHAHINIAN, LESLIE
Address	801 PARK CENTER DRIVE, SUITE 101
City-State-Zip:	SANTA ANA CA 92705

*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:** LIZABETH SHAHINIAN**PRESIDENT****04/27/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date