

2014 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.
1970 OTTER WAY
PALM HARBOR, FL 34685 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****04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date