

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000771

**FILED  
Apr 29, 2014  
Secretary of State  
CC2427922839**

**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