

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 334855

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** WEXLER INSURANCE AGENCY INC

**Current Principal Place of Business:**

1120 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1120 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 59-1219972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZINGLER, DOUGLAS  
1120 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: WEXLER, MICHAEL J  
Address: 7970 S.W. 145TH ST.  
City-St-Zip: MIAMI, FL

Title: VP  
Name: WASSERMAN, GARY J  
Address: 2518 MONTCLAIRE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: PST  
Name: WEXLER, STEVEN M.  
Address: 11104 SW 79TH PATH  
City-St-Zip: MIAMI, FL 33156

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: DOUGLAS ZINGLER

COO

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date