2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# 334855

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 P ZINGLER COO 02/08/2012

Electronic Signature of Signing Officer or Director Date