## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 428276**

Entity Name: ASSOCIATED INSURANCE BROKERS, INC.

**FILED** Sep 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3020 NW 79TH AVENUE 4227 SW 71ST AVENUE MIAMI, FL 33122 US MIAMI, FL 33155

**Current Mailing Address: New Mailing Address:** 

3020 NW 79TH AVENUE 4227 SW 71ST AVENUE MIAMI, FL 33122 MIAMI, FL 33155

FEI Number: 59-1468772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALVAREZ, ANNETTE R ALVAREZ, ANNETTE R 3020 NW 79TH AVENUE 4227 SW 71ST AVENUE MIAMI, FL 33122 MIAMI, FL 33155

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: JOSE M ALVAREZ 09/11/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: (X) Change ( ) Addition ALVAREZ, JOSE M

Name: Name: ALVAREZ, JOSE M 3020 NW 79TH AVENUE 4227 SW 71ST AVENUE Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33155

SVAS (X) Delete Title: () Change () Addition Title: Name:

SOTO, JOHN M Name: 3020 NW 79TH AVENUE Address: Address: MIAMI, FL 33122 City-St-Zip: City-St-Zip:

Title: Title: () Delete VΡ (X) Change ( ) Addition

ALVAREZ, ANETTE R ALVAREZ, ANETTE R Name: Name: 3020 NW 79TH AVENUE 4227 SW 71ST AVENUE Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33155

Title: VΡ ( ) Delete Title: VΡ (X) Change ( ) Addition

ALVAREZ, DÁVID M ALVAREZ, DAVID M Name: Name: Address: 3020 NW 79TH AVENUE Address: 4227 SW 71ST AVENUE City-St-Zip: City-St-Zip: MIAMI, FL 33122 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE M ALVAREZ **PCD** 09/11/2007