

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 428276

FILED  
Jun 10, 2008  
Secretary of State

Entity Name: ASSOCIATED INSURANCE BROKERS, INC.

## Current Principal Place of Business:

4227 SW 71ST AVENUE  
MIAMI, FL 33155 US

## New Principal Place of Business:

7334 SW 42ND STREET  
MIAMI, FL 33155 US

## Current Mailing Address:

4227 SW 71ST AVENUE  
MIAMI, FL 33155 US

## New Mailing Address:

7334 SW 42ND STREET  
MIAMI, FL 33155 US

FEI Number: 59-1468772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, ANNETTE R  
4227 SW 71ST AVENUE  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

ALVAREZ, ANNETTE R  
7334 SW 42ND STREET  
MIAMI, FL 33155 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: JOSE M ALVAREZ

06/10/2008

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:

Title: PCD ( ) Delete  
Name: ALVAREZ, JOSE M  
Address: 4227 SW 71ST AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: ALVAREZ, ANETTE R  
Address: 4227 SW 71ST AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: ALVAREZ, DAVID M  
Address: 4227 SW 71ST AVENUE  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: ALVAREZ, JOSE M  
Address: 7334 SW 42ND STREET  
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change ( ) Addition  
Name: ALVAREZ, ANETTE R  
Address: 7334 SW 42ND STREET  
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change ( ) Addition  
Name: ALVAREZ, DAVID M  
Address: 7334 SW 42ND STREET  
City-St-Zip: 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

06/10/2008

Electronic Signature of Signing Officer or Director

Date