

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540216

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** MAJOR ASSURANCE PLANNING, INC.

**Current Principal Place of Business:**

15450 NEW BARN ROAD  
SUITE 307  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15450 NEW BARN ROAD  
SUITE 307  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 59-1764324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, RAMIRO E.  
3055 N. W. 126 AVE.  
#7-107  
SUNRISE, FL 33323 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: PD  
Name: RODRIGUEZ, RAMIRO E  
Address: 3055 N. W. 126 AVE. #7-107  
City-St-Zip: SUNRISE, FL 33323

Title: ST  
Name: RODRIGUEZ, DORTHEA  
Address: 3055 N. W. 126 AVE. #7-107  
City-St-Zip: SUNRISE, FL 33323

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: RAMIRO E. RODRIGUEZ

PD

01/04/2012

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

\_\_\_\_\_  
Date