

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90044 007 \*\*\*150.00

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<b>DOCUMENT # 550959</b> 1. Entity Name <b>NENEZIAN AND ASSOCIATES INSURANCE AGENCY, INC.</b>					
Principal Place of Business 8181 NW 154TH STREET SUITE 230 MIAMI LAKES, FL 33016			Mailing Address 8181 NW 154TH STREET SUITE 230 MIAMI LAKES, FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1801673</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NENEZIAN, CLARA K</b> <b>8181 NW 154TH STREET, 120</b> <b>MIAMI LAKES, FL 33016</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <b>NENEZIAN, GEORGE J.</b> <b>8181 NW 154TH STREET, 120</b> <b>MIAMI LAKES, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George J. Nenezian</b> <b>8181 NW 154th St #230</b> <b>Miami Lakes, FL 33016</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HARLAN, BARBARA K</b> <b>3429 BUCHANAN STREET</b> <b>HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>SEIKALY, OSCAR F</b> <b>4241 PALM LANE</b> <b>MIAMI, FL 33137</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <b>NENEZIAN, CLARA</b> <b>8181 NW 124TH STREET 120</b> <b>HIALEAH, FL 33016</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLARA Nenezian</b> <b>8181 NW 154th St #230</b> <b>Miami Lakes, FL 33016</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			3/4/08 305-512-3100 <small>Date Daytime Phone #</small>		