

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 565402

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: BRICKMAN INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

16969 NW 67TH AVE  
SUITE 100  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

16969 NW 67TH AVE  
SUITE 100  
MIAMI, FL 33015 US

**New Mailing Address:**

16969 NW 67TH AVE  
SUITE 100  
MIAMI, FL 33015

FEI Number: 59-1937221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRICKMAN, G.J.  
16969 NW 67TH AVENUE  
MIAMI, FL 33015 US

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

BRICKMAN, G.J.  
16969 NW 67TH AVENUE  
100  
MIAMI, FL 33015 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: \_\_\_\_\_

06/15/2009

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: PRES ( ) Delete  
Name: BRICKMAN, G.J.  
Address: 16969 NW 67 AVE  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: BRICKMAN, ELIZABETH  
Address: 16969 NW 67 AVE  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: G. J. BRICKMAN

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date