2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# 737218

Entity Name: INDEPENDENT INSURANCE AGENTS OF SOUTH FLORIDA INC.

Current Principal Place of Business:

13615 S. DIXIE HWY
#373
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

13615 S. DIXIE HWY
#373
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-0272100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORSEY, SHEILA M
13615 S. DIXIE HWY
#373
MIAMI, FL 33176 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: VP
Name: YANAN, PHILIP
Address: 10301 S. DIXIE HWY
City-St-Zip: PINECREST, FL 33156

Title: D
Name: LIEUX, KAREN S
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: P
Name: BUTLER, RICHARD H
Address: 6161 BLUE LAGOON DRIVE, SUITE 420
City-St-Zip: MIAMI, FL 33126

Title: EVP
Name: DORSEY, SHEILA M
Address: 13615 S. DIXIE HWY, #373
City-St-Zip: MIAMI, FL 33176

Title: D
Name: MORRIS, NORMAN
Address: 2500 NW 79TH AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33122

Title: S
Name: LYONS, PHIL
Address: 9500 S. DADELAND BLVD. SUITE 400
City-St-Zip: MIAMI, FL 33156

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHEILA M DORSEY EVP 02/18/2010

Electronic Signature of Signing Officer or Director — Date