2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737218

FILED Mar 15, 2012 Secretary of State

Entity Name: INDEPENDENT INSURANCE AGENTS OF SOUTH FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business:

13615 S. DIXIE HWY #373

MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

13615 S. DIXIE HWY #373 MIAMI, FL 33176

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

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

DORSEY, SHEILA M 13615 S. DIXIE HWY #373 MIAMI, FL 33176 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: PHILLIP, LYONS

Address: 9500 SOUTH DADELAND BLVD, 4TH FLOOR

City-St-Zip: MIAMI, FL 33156

Title: S

Name: FERNANDEZ, JAVIER
Address: 2700 SW 137 AVENUE
City-St-Zip: MIAMI, FL 33175

Title:

Name: GIAMBARBA, ANDREW

Address: 1150 NW 72ND AVENUE SUITE 530

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: VP

Name: MORRIS, NORMAN

Address: 14900 NW 79TH COURT, SUITE #200

City-St-Zip: MIAMI LAKES, FL 33016

Title:

Name: TRAEGER, LAURA

Address: 3350 SOUTH DIXIE HIGHWAY

City-St-Zip: MIAMI, FL 33133

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 03/15/2012