

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94815

FILED
Apr 23, 2012
Secretary of State

Entity Name: CARRIER SERVICE INSURANCE, INC.

Current Principal Place of Business:

20919 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

POB 69000C
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 59-2253863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASHMAN, WILLIAM
4280 SAN MARINO BLVD #304
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

CASHMAN, WILLIAM
13903 N CYPRESS COVE CIRCLE
DAVIE, FL 33325 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: WILLIAM CASHMAN

04/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FEHERVARY, CAROL L
Address: 9460 LIVE OAK PLACE #206
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: D
Name: CASHMAN, JOHN W
Address: 3267 BEECHBERRY CIR
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: DP
Name: CASHMAN, WILLIAM E
Address: 13909 N CYPRESS COVE CIRCLE
City-St-Zip: DAVIE, FL 33325

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: WILLIAM CASHMAN

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date