

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05015

FILED  
Jan 18, 2012  
Secretary of State

Entity Name: INSURANCE PLUS, INC.

**Current Principal Place of Business:**

14335 SW 120 STREET  
SUITE 114  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

14335 SW 120 STREET  
SUITE 114  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2654416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAFABURIE, NORA  
15626 SW 62 TERR  
MIAMI, FL 33193 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: P  
Name: LAFABURIE, NORA  
Address: 15626 SW 62 TERR  
City-St-Zip: MIAMI, FL 33193 US

Title: VP  
Name: LAFABURIE, ELISEO  
Address: 15626 SW 62 TERR  
City-St-Zip: MIAMI, FL 33193 US

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: NORA L LAFABURIE

P

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date