

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37614

FILED
Mar 27, 2009
Secretary of State

Entity Name: BROKERS FINANCIAL AND INSURANCE SERVICES, INC.

Current Principal Place of Business:

P O BOX 140104
CORAL GABLES, FL 331147104

New Principal Place of Business:

4649 PONCE DE LEON BOULEVARD
SUITE 307
CORAL GABLES, FL 331146 US

Current Mailing Address:

C/O IVAN A. GOMEZ ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131

New Mailing Address:

C/O IVAN A. GOMEZ ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131 US

FEI Number: 65-0075800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUAREZ, RODOLFO A.,
Address: 2001 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: SOCARRAS, MAYDA
Address: 6235 SW 113TH ST
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: REVUELTA, ANGELICA
Address: 8100 SW 11TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SUAREZ, RODOLFO A.,
Address: 2001 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL

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: RODOLFO A. SUAREZ

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03/27/2009

Electronic Signature of Signing Officer or Director

Date