

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71731

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ARISTA INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

5902-B S. DIXIE HWY  
WEST PALM BCH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

5902-B SO DIXIE HWY  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 80-0052302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORAN, CARLOS M  
6370 BARBARA ST  
JUPITER, FL 33458 US

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

MORAN, CARLOS M  
6 LETHINGTON RD  
PALM BEACH GARDENS, FL 33418 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORAN, CARLOS M  
Address: 6370 BARBARA ST  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MORAN, CARLOS M  
Address: 6 LETHINGTON RD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: CARLOS M. MORAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date