

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L61813

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** MEDERO INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3423 SW 8 ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3423 SW 8 ST  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0182004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDERO, JENNIE  
9944 SW 154 PL.  
MIAMI, FL 33196 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/S  
Name: MEDERO, JENNIE  
Address: 9944 SW 154 PL  
City-St-Zip: MIAMI, FL 33196

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: JENNIE MEDERO

PS

04/21/2011

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

\_\_\_\_\_  
Date