

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17718

FILED
Apr 15, 2009
Secretary of State

Entity Name: INSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3155 N.W. 77 AVE.
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

3155 N.W. 77 AVE.
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 59-2572605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAON, ALBERTO
3155 N.W. 77 AVE.
MIAMI, FL 33122 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: CDP () Delete
Name: ESPIN, ROBERTO JR
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

Title: DV () Delete
Name: WALTON, KEVIN T
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

Title: D () Delete
Name: ALBERTO, NAON
Address: 3155 NW 77 AVE
City-St-Zip: MIAMI, FL 33122 US

Title: D () Delete
Name: JACKSON, SHAUN
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

Title: TS () Delete
Name: ALDULAIMI, RACHAEL
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

Title: D () Delete
Name: CLARK, JOHN
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WALTON, KEVIN T
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROMANZ, MARC
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 US

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: RACHAEL ALDULAIMI

ST

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date