

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17718

FILED
Jan 08, 2010
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:

3155 N.W. 77 AVE.
MIAMI, FL 331223700 US

Current Mailing Address:

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

New Mailing Address:

3155 N.W. 77 AVE.
MIAMI, FL 331223700 US

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
Name: ESPIN, ROBERTO
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 331223700 US

Title: VPD
Name: NAON, ALBERTO
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 331223700 US

Title: T
Name: SUERTH, MIKE
Address: 3155 NW 77 AVE
City-St-Zip: MIAMI, FL 331223700 US

Title: D
Name: SIMPSON, COLIN
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 331223700 US

Title: S
Name: ALDULAIMI, RACHAEL
Address: 3155 N.W. 77 AVE.
City-St-Zip: MIAMI, FL 33122 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: RACHAEL ALDULAIMI

S

01/08/2010

Electronic Signature of Signing Officer or Director

_____ Date