

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M17718

FILED  
Mar 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

**Title:** CFO  
**Name:** ALDULAIMI, RACHAEL  
**Address:** 3155 NW 77 AVE  
**City-St-Zip:** MIAMI, FL 331223700 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

CFO

03/29/2012

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

\_\_\_\_\_ Date