

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M88832

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** AMERICAN SECURITY INSURANCE BROKERAGE, INC.

**Current Principal Place of Business:**

937 VINERIDGE RUN  
105  
ALTAMONTE SPRINGS, FL 327141761 US

**New Principal Place of Business:**

**Current Mailing Address:**

937 VINERIDGE RUN  
105  
ALTAMONTE SPRINGS, FL 327141761 US

**New Mailing Address:**

**FEI Number:** 65-0057808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ORINKAWITZ, MIRIAM  
937 VINERIDGE RUN  
105  
ALTAMONTE SPRINGS, FL 327141761 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: DP      ( ) Delete  
Name: ORINKAWITZ, MARK A.  
Address: 937 VINERIDGE RUN, #105  
City-St-Zip: ALTAMONTE SPRINGS, FL 327141761

Title: DVS      ( ) Delete  
Name: ORINKAWITZ, MIRIAM  
Address: 937 VINERIDGE RUN, #105  
City-St-Zip: ALTAMONTE SPRINGS, FL 327141761

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

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

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

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: MIRIAM ORINKAWITZ

DVS

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date