

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M97257

**FILED  
Feb 27, 2012  
Secretary of State**

**Entity Name:** PREMIER INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

217 ARAGON AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141897  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 65-0068714      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRANDON, GARRY M  
217 ARAGON AVE  
CORAL GABLES, FL 33134      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  
Name: BRANDON, GARRY M  
Address: 217 ARAGON AVE.  
City-St-Zip: CORAL GABLES, FL

Title: VP  
Name: GARCIA, ONEL  
Address: 217 ARAGON AVE.  
City-St-Zip: CORAL GABLES, FL 33134

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: GARRY BRANDON

PRES

02/27/2012

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

\_\_\_\_\_ Date