2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N40226

Entity Name: ASSOCIATION OF INDEPENDENT COMMERCIAL PRODUCERS, INC.

Current Principal Place of Business:

1655 DREXEL AVENUE
203
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1655 DREXEL AVENUE
203
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0287664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINOTTI, MASSIMO
1655 DREXEL AVENUE
203
MIAMI BEACH, FL 33139 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	( ) Delete
Name:	MARTINOTTI, MASSIMO	
Address:	1655 DREXEL AVENUE #203	
City-St-Zip:	MIAMI BEACH, FL 33139 US	
Title:	V	( ) Delete
Name:	SAVITZ, MICHAEL	
Address:	1920 NORTH MIAMI AVE	
City-St-Zip:	MIAMI, FL 33136	
Title:	T	( ) Delete
Name:	ROUSE, KEITH W	
Address:	25 NW 104 STREET	
City-St-Zip:	MIAMI SHORES, FL 33150	
Title:	S	( ) Delete
Name:	MCKINLEY, PEGGI	
Address:	7415 SW 56 AVE	
City-St-Zip:	MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	S	(X) Change ( ) Addition
Name:	BRESSI-CILONA, CAROL A	
Address:	3370 NE 190TH ST, # 1506	
City-St-Zip:	ADVENTURA, FL 33180	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH W.ROUSE TREA 02/24/2009

Electronic Signature of Signing Officer or Director — Date