

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009787

FILED
Apr 12, 2010
Secretary of State

Entity Name: EAGLE INSURANCE AGENCY OF NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

493 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

390 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

493 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

390 N.E. 167TH STREET
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0977514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERSHEVSKY, LARRY
493 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SHERSHEVSKY, LARRY
390 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

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: LARRY SHERSHEVSKY

04/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP
Name: SHERSHEVSKY, LARRY
Address: 3208 NE 40 CT
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PRES
Name: COX, TRACE
Address: 6651 FALCONSGATE AVE
City-St-Zip: DAVIE, FL 33331

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: TRACE COX

PRES

04/12/2010

Electronic Signature of Signing Officer or Director

Date