

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009787

FILED
Feb 09, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0977514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, TRACE
390 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 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: COX, TRACE
Address: 6651 FALCONSGATE AVE
City-St-Zip: DAVIE, FL 33331

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

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

02/09/2012

Electronic Signature of Signing Officer or Director

Date