

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011477

FILED  
Aug 12, 2009  
Secretary of State

**Entity Name:** GENERAL INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

3904 S. STATE RD 7  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3904 S. STATE RD 7  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 65-0986956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBLES, LAURA P  
18138 NW 89 PLACE  
HIALEAH, FL 33018 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBLES, ROSA  
Address: 16302 NW 14 STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete  
Name: ROBLES, LAURA  
Address: 3904 SOUTH STATE RD. 7  
City-St-Zip: HOLLYWOOD, FL 33023

**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: LAURA ROBLES

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08/12/2009

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

\_\_\_\_\_  
Date