

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056147

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** ASSURITY INVESTIGATIONS AND CONSULTING, INC.

**Current Principal Place of Business:**

2880 N.E. 14TH ST  
SUITE #909  
POMPAN0 BEACH, FL 33062

**New Principal Place of Business:**

2652 SOMERVILLE LOOP  
#1204  
CAPE CORAL, FL 33991

**Current Mailing Address:**

ATTN: MR. LAZARO J. MOURIZ  
P.O. BOX 1268  
KEY WEST, FL 33041

**New Mailing Address:**

2652 SOMERVILLE LOOP  
#1204  
CAPE CORAL, FL 33991

**FEI Number:** 65-1022044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAZARO, MOURIZ J  
2880 N.E 14TH STREET #909  
POMPAN0 BEACH, FL 33062 US

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

LAZARO, MOURIZ J  
2652 SOMERVILLE LOOP  
#1204  
CAPE CORAL, FL 33991 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:

02/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MOURIZ, LAZARO J  
Address: 2652 SOMERVILLE LOOP #1204  
City-St-Zip: CAPE CORAL, FL 33991

Title: D  
Name: MOURIZ, MARY E  
Address: 2652 SOMERVILLE LOOP #1204  
City-St-Zip: CAPE CORAL, FL 333991

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: LAZARO J. MOURIZ

PRES

02/17/2010

Electronic Signature of Signing Officer or Director

Date