

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060485

FILED
Feb 24, 2012
Secretary of State

Entity Name: ALL INSURANCE CENTER INC.

Current Principal Place of Business:

190 MALABAR RD #125
PALM BAY, FL 32907

New Principal Place of Business:

503 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951

Current Mailing Address:

190 MALABAR RD #125
PALM BAY, FL 32907

New Mailing Address:

503 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951

FEI Number: 59-3654898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARPOOLAKI, NOSRAT A
503 RIVERSIDE DR
MELBOURNE BEACH, FL 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: D
Name: SARPOOLAKI, NOSRAT A
Address: 503 RIVERSIDE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D
Name: SARPOOLAKI, ZOY T
Address: 503 RIVERSIDE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

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: NOSRAT A SARPOOLAKI

D

02/24/2012

Electronic Signature of Signing Officer or Director

Date