

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060560

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** INSURANCE MARKETERS OF AMERICA, INC.

**Current Principal Place of Business:**

11692 TIMBERS WAY  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880548  
BOCA RATON, FL 33488

**New Mailing Address:**

FEI Number: 65-1018043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDBERG, ROBERT B  
11692 TIMBERS WAY  
BOCA RATON, FL 33428 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: PD  
Name: GOLDBERG, ALAN M  
Address: 44 WINTERWIND DR.  
City-St-Zip: ASHEVILLE, NC 28803

Title: VD  
Name: GOLDBERG, ROBERT  
Address: 11692 TIMBERS WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: S/TD  
Name: GOLDBERG, SHEILA  
Address: 44 WINTERWIND DR..  
City-St-Zip: ASHEVILLE, NC 28803

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: ROBERT B. GOLDBERG

VP

05/01/2012

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

\_\_\_\_\_ Date