

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018226

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** TAMIAMI INSURANCE & SERVICES, INC

**Current Principal Place of Business:**

13205 SOUTHWEST 137TH AVENUE  
SUITE 111  
MIAMI, FL 33186

**New Principal Place of Business:**

13205 SOUTH WEST 137TH AVENUE  
SUITE 111  
MIAMI, FL 33186

**Current Mailing Address:**

13205 SOUTHWEST 137TH AVENUE  
SUITE 111  
MIAMI, FL 33186

**New Mailing Address:**

13205 SOUTH WEST 137 AVENUE  
SUITE  
MIAMI, FL 33186

**FEI Number:** 01-0721191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, JUAN F  
14600 SW 143 TERR  
MIAMI, FL 33186 US

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

MEJIA, MELBA M  
14917 SW 142 CT  
MIAMI, FL 33186 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: MELBA M. MEJIA

02/27/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RODRIGUEZ, JUAN F  
Address: 14917 SW 142 CT.  
City-St-Zip: MIAMI, FL 33186

Title: V (X) Delete  
Name: MEJIA, MELBA M  
Address: 14917 SW 142 CT  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEJIA, MELBA M  
Address: 14917 SW 142 CT.  
City-St-Zip: MIAMI, FL 33186

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: MELBA M. MEJIA

P

02/27/2008

Electronic Signature of Signing Officer or Director

Date