2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P02000074956

Entity Name: LAURENCEAU INSURANCE INC.

Current Principal Place of Business:

1199 NE 139TH STREET
MIAMI, FL 331613360

New Principal Place of Business:

Current Mailing Address:

1199 NE 139TH STREET
MIAMI, FL 331613360

New Mailing Address:

FEI Number: 52-2365896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURENCEAU, REGINALD
1199 NE 139TH STREET
MIAMI, FL 331613360 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: DP
Name: LAURENCEAU, REGINALD
Address: 734 SW 189 AVE
City-St-Zip: PEMBROKE PINE, FL 33029

Title: VP
Name: LAURENCEAU, MONIQUE V
Address: 734 SW 189TH AVE
City-St-Zip: N MIAMI, FL 33029 US

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: REGINALD LAURENCEAU P 01/05/2011

Electronic Signature of Signing Officer or Director — Date