

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000074956

**FILED**  
**Nov 28, 2011**  
**Secretary of State**

**Entity Name:** LAURENCEAU INSURANCE INC.

**Current Principal Place of Business:**

1199 NE 139TH STREET  
MIAMI, FL 331613360

**New Principal Place of Business:**

10189 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

1199 NE 139TH STREET  
MIAMI, FL 331613360

**New Mailing Address:**

734 SW 189TH AVE  
PEMBROKE PINES, FL 33029

**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:**

LAURENCEAU, REGINALD  
734 SW 189TH AVE  
PEMBROKE PINES, FL 33029 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: LAURENCEAU,REGINALD

11/28/2011

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: LAURENCEAU,REGINALD

P

11/28/2011

Electronic Signature of Signing Officer or Director

Date