

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079270

Entity Name: NJM INSURANCE INC.

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12239 SHERIDAN ST  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

12239 SHERIDAN ST  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 55-0787721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARIN, NESTOR J PRES  
17121 PINES BLVD  
PEMBROKE PINES, FL 33027 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: P  
Name: MARIN, NESTOR J  
Address: 4165 SW 148 TERRACE  
City-St-Zip: MIRAMAR, FL 33027

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: NESTOR MARIN

PRES

05/02/2011

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

\_\_\_\_\_  
Date