

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098246

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** EXCELSIOR INSURANCE SERVICES INC.

**Current Principal Place of Business:**

18400 NW 2 AVE, STE 12  
MAIMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18400 NW 2 AVE, STE 12  
MAIMI GARDENS, FL 33169

**New Mailing Address:**

20462 NW 18 AVE  
MAIMI GARDENS, FL 33056

FEI Number: 16-1626981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BELLUNE, ELIE E  
20462 NW 18 AVE  
MIAMI, FL 33055 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELLUNE, ELIE E  
Address: 18400 NW 2 AVE, STE 12  
City-St-Zip: MAIMI GARDENS, FL 33169

Title: VP  
Name: BAPTISTE, PETER F  
Address: 20462 NW 18 AVE  
City-St-Zip: MIAMI GARDENS, FL 33036

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: ELIE BELLUNE

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

PRES

03/02/2010

\_\_\_\_\_  
Date