

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000081918

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** JAH INSURANCE BROKERS CORPORATION

**Current Principal Place of Business:**

3625 NW 82 AVE STE 405  
MIAMI, FL 33166

**New Principal Place of Business:**

8321 NW 12 STREET  
MIAMI, FL 33126

**Current Mailing Address:**

3625 NW 82 AVE STE 405  
MIAMI, FL 33166

**New Mailing Address:**

8321 NW 12 STREET  
MIAMI, FL 33126

**FEI Number:** 55-0841413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIERRA, JIM  
5550 SW 87TH AVENUE  
MIAMI, FL 33165 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: PD  
Name: SALAZAR, PATRICIA  
Address: 16275 COLLINS AVE #1101  
City-St-Zip: SUNNY ISLES, FL 33160

Title: S  
Name: MANJARRES, ELWIN  
Address: 16275 COLLINS AVE #1101  
City-St-Zip: SUNNY ISLES, FL 33160

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: PATRICIA SALAZAR

PD

03/16/2011

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

\_\_\_\_\_  
Date