

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020956

FILED  
Jan 11, 2012  
Secretary of State

Entity Name: INSURANCE FINANCING SOLUTIONS, INC.

**Current Principal Place of Business:**

5511 N. UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

5511 N. UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

FEI Number: 20-0670715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASAREK, MICHAEL  
5511 N. UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067 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: MASAREK, MICHAEL  
Address: 5511 N. UNIVERSITY DRIVE SUITE 104  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: S  
Name: MASAREK, ELIZABETH  
Address: 5511 N. UNIVERSITY DRIVE SUITE 104  
City-St-Zip: CORAL SPRINGS, FL 33067 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: MICHAEL MASAREK

MGR

01/11/2012

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

\_\_\_\_\_  
Date