## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000069872

NORTH MIAMI, FL 33181

City-St-Zip:

Entity Name: CUSTOMERS RULE INSURANCE AGENCY, INC.

FILED Apr 03, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:		
	CAYNE BLVD.				
900 MIAMI, FL	33161				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10800 BIS 900 MIAMI, FL	CAYNE BLVD. 33161				
FEI Number	: 16-1698579	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	LYNN M PRUS ROAD IIAMI, FL 3318	1 US			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) REMON, JESU 12785 CYPRUS NORTH MIAMI,	S ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VP ( ) REMON, LYNN 12785 CYPRUS		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN M REMON VP 04/03/2009