

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069872

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** CUSTOMERS RULE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10800 BISCAYNE BLVD.  
900  
MIAMI, FL 33161

**New Principal Place of Business:**

1830 S.E. 4TH AVE.  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

10800 BISCAYNE BLVD.  
900  
MIAMI, FL 33161

**New Mailing Address:**

1830 S.E. 4TH AVE.  
FORT LAUDERDALE, FL 33316

**FEI Number:** 16-1698579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REMON, LYNN M  
12785 CYPRUS ROAD  
NORTH MIAMI, FL 33181 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: REMON, JESUS D  
Address: 12785 CYPRUS ROAD  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP  
Name: REMON, LYNN M  
Address: 12785 CYPRUS ROAD  
City-St-Zip: NORTH MIAMI, FL 33181

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: LYNN M REMON

VP

03/01/2010

Electronic Signature of Signing Officer or Director

Date