2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2011
Secretary of State

DOCUMENT# P04000069872

Entity Name: CUSTOMERS RULE INSURANCE AGENCY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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 REMON VP 02/04/2011

Electronic Signature of Signing Officer or Director Date