

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130629

FILED
Mar 09, 2009
Secretary of State

Entity Name: FINANCIAL AND INSURANCE SERVICES GROUP CORP.

Current Principal Place of Business:

7154 SW 47 STREET
2ND FLOOR
MIAMI, FL 33155

New Principal Place of Business:

20361 NW 2ND STREET
PEMBROKE PINES, FL 33029

Current Mailing Address:

7154 SW 47 STREET
2ND FLOOR
MIAMI, FL 33155

New Mailing Address:

PO BOX 297375
PEMBROKE PINES, FL 33029

FEI Number: 20-1711096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEVEZ, HEATHER L
7154 SW 47 STREET
2ND FLOOR
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ESTEVEZ, HEATHER L
20361 NW 2ND STREET
PEMBROKE PINES, FL 33029 US

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: HEATHER L ESTEVEZ

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ESTEVEZ, RAUL
Address: 7154 SW 47 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ESTEVEZ, RAUL
Address: 20361 NW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: RAUL ESTEVEZ

CEO

03/09/2009

Electronic Signature of Signing Officer or Director

Date