

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017613

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** INDEPENDENT INSURANCE GROUP, INC.

**Current Principal Place of Business:**

3495 N HIATUS ROAD  
201  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

48 HENDRICKS ISLE  
FT LAUDERDALE, FL 33301 US

**Current Mailing Address:**

3495 N HIATUS ROAD  
201  
SUNRISE, FL 33351 US

**New Mailing Address:**

48 HENDRICKS ISLE  
FT LAUDERDALE, FL 33301 US

**FEI Number:** 20-2714940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVERSTEIN, HARVEY  
3495 N HIATUS ROAD  
201  
SUNRISE, FL 33351 US

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

SILVERSTEIN, HARVEY  
48 HENDRICKS ISLE  
FT LAUDERDALE, FL 33301 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:

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVERSTEIN, HARVEY  
Address: 48 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP  
Name: SILVERSTEIN, LEIGH  
Address: 48 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ST  
Name: SILVERSTEIN, DAVID  
Address: 48 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

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: HARVEY SILVERSTEIN

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date