

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000025811

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** ALL-WAYS INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

2020 NE 163RD STREET STE 104  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

2020 NE 163RD STREET STE 104  
MIAMI, FL 33162

**New Mailing Address:**

**FEI Number:** 81-0667692      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MIRMELLI, STEWART M  
100 SE 2ND STRET STE 2650  
MIAMI, FL 33131 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: SD  
Name: VELA, ZULEIKA  
Address: 3952 NE 171ST STREET  
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: PD  
Name: WILLIS, NAT  
Address: 3952 NE 171ST STREET  
City-St-Zip: N. MIAMI BEACH, FL 33160

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: NAT WILLIS

PRES

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date