

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000079592

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** MAURISSET INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6129 STIRLING RD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6129 STIRLING RD  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 20-2933397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAURISSET, MABEL  
6129 STIRLING RD  
MIAMI, FL 33314 US

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

MAURISSET, MABEL  
6129 STIRLING RD  
DAVIE, FL 33314 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:** MABEL MAURISSET

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MAURISSET, MABEL  
**Address:** 6129 STIRLING RD  
**City-St-Zip:** DAVIE, FL 33314

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:** MABEL MAURISSET

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date