

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000096943

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** FRANAHA MARINO INSURANCE AGENCY INC.

**Current Principal Place of Business:**

120 N DOUGLAS RD  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

120 N DOUGLAS RD  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 14-1933947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARINO, FRANAHA  
120 NORTH DOUGLAS ROAD  
PEMBROKE PINES, FL 33024 US

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

VAZIR-MARINO, FRANAHA  
120 NORTH DOUGLAS ROAD  
PEMBROKE PINES, FL 33024 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:** FRANAHA VAZIR-MARINO

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** VAZIR-MARINO, FRANAHA  
**Address:** 120 N DOUGLAS RD  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** FRANAHA VAZIR-MARINO

P

01/06/2011

Electronic Signature of Signing Officer or Director

Date