

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2011
Secretary of State

Entity Name: ALLIANCE INSURANCE CENTER, INC.

Current Principal Place of Business:

19300 W DIXIE HIGHWAY
SUITE 9
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

19300 W DIXIE HIGHWAY
SUITE 9
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 20-3328902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFFATI, AVNER
19300 W DIXIE HIGHWAY
STE 9
NORTH MIAMI BEACH, FL 33180 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

OFFICERS AND DIRECTORS:

Title: D
Name: SAFFATI, AVNER
Address: 19300 W DIXIE HIGHWAY #9
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D
Name: SAFFATI, FREIDY
Address: 19300 W DIXIE HIGHWAY #9
City-St-Zip: NORTH MIAMI BEACH, FL 33180

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: AVNER SAFFATI

PRES

03/09/2011

Electronic Signature of Signing Officer or Director

Date