

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132597

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2700 GLADES CIRCLE  
SUITE 133  
WESTON, FL 33327

**New Principal Place of Business:**

420 NW 199 AVE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

2700 GLADES CIRCLE  
SUITE 133  
WESTON, FL 33327

**New Mailing Address:**

420 NW 199 AVE  
PEMBROKE PINES, FL 33029

**FEI Number:** 54-2184441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUDJA, JOSE A  
420 NW 199 AVE.  
PEMBROKE PINES, FL 33029 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: DPST  
Name: KUDJA, REBECCA M  
Address: 420 NW 199 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

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: REBECCA M KUDJA

DPST

04/11/2011

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

\_\_\_\_\_ Date