

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152912

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** AMERICA'S INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1959 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

1959 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 20-3805805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLALTA, FLAVIO  
1959 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 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: VILLALTA, FLAVIO  
Address: 961 SW 83 AVENUE  
City-St-Zip: NORTH LAUDERDALE, US 33068 US

Title: PS  
Name: VILLALTA, FLAVIO  
Address: 961 SW 83 AVENUE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: V  
Name: VILLALTA, GIANCARLO  
Address: 961 SW 83 AVENUE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T  
Name: VILLALTA, VIANCA  
Address: 961 SW 83 AVENUE  
City-St-Zip: NORTH LAUDDALE, FL 33068 US

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: FLAVIO VILLALTA

D

01/30/2012

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

\_\_\_\_\_  
Date