

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037445

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** CREATIVE FINANCIAL INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

2655 LEJEUNE RD  
PH-1B  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LEJEUNE RD, PH 1-B  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4642173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCO, FILENE  
2655 LE JEUNE RD.  
SUITE PH-1B  
CORAL GABLES, FL 33134 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: VP  
Name: BLANCO, FILENE  
Address: 616 CANDID AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: P  
Name: BLANCO, PLACIDO  
Address: 616 CANDIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

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: FILENE BLANCO

VP

02/17/2012

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

\_\_\_\_\_  
Date