

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116128

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** AIB INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

475 BRICKELL AVE  
1712  
MIAMI, FL 33131

**New Principal Place of Business:**

13521 SW 38 ST  
MIAMI, FL 33175

**Current Mailing Address:**

475 BRICKELL AVE  
1712  
MIAMI, FL 33131

**New Mailing Address:**

13521 SW 38 ST  
MIAMI, FL 33175

**FEI Number:** 20-5518264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, MICHAEL J  
475 BRICKELL AVE  
1712  
MIAMI, FL 33131 US

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

ALVAREZ, MICHAEL J  
13521 SW 38 ST  
MIAMI, FL 33175 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:** MICHAEL J. ALVAREZ

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** ALVAREZ, MICHAEL J  
**Address:** 13521 SW 38 ST  
**City-St-Zip:** MIAMI, FL 33175

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:** MICHAEL J. ALVAREZ

PST

02/17/2011

Electronic Signature of Signing Officer or Director

Date