

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000133519

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE MASTERS AGENCY, INC.

**Current Principal Place of Business:**

14610 NE 6TH AVENUE  
SUITE 4  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

14610 NE 6TH AVENUE  
SUITE 4  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 20-5836235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DURDUNJI, MICHAEL  
2750 NE 183 STREET, #1102  
AVENTURA, FL 33160 US

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

HOMSI, RANDA  
1690 YELLOW HEART WAY  
HOLLYWOOD, FL 33019 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: RANDA HOMSI

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: HOMSI, RANDA  
Address: 1690 YELLOW HEAR WAY  
City-St-Zip: HOLLYWOOD, FL 33019

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: RANDA HOMSI

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date