

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151626

FILED
Apr 24, 2012
Secretary of State

Entity Name: HEADQUARTER INSURANCE INC

Current Principal Place of Business:

3495 N HIATUS RD
STE 201
SUNRISE, FL 33351

New Principal Place of Business:

10001 W OAKLAND PARK BLVD
STE 302
SUNRISE, FL 33351

Current Mailing Address:

3495 N HIATUS RD
STE 201
SUNRISE, FL 33351

New Mailing Address:

10001 W OAKLAND PARK BLVD
STE 302
SUNRISE, FL 33351

FEI Number: 20-8030206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERSTEIN, HARVEY
3495 N HIATUS RD
STE 201
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

SILVERSTEIN, LEIGH
10001 W OAKLAND PARK BLVD
STE 302
SUNRISE, FL 33351 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: LEIGH SILVERSTEIN

04/24/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SILVERSTEIN, LEIGH
Address: 10001 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: SILVERSTEIN, STEVEN
Address: 10001 W OAKLAND PARK BLVD 302
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: SILVERSTEIN, JONATHAN
Address: 10001 W OAKLAND PARK BLVD 302
City-St-Zip: SUNRISE, FL 33351

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: LEIGH SILVERSTEIN

PD

04/24/2012

Electronic Signature of Signing Officer or Director

Date