

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001653

Entity Name: DM INSURANCE AGENCY, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

10930 PEMBROKE ROAD
MIRAMAR, FL 33025

New Principal Place of Business:

12741 MIRAMAR PARKWAY, SUITE 101
MIRAMAR, FL 33027

Current Mailing Address:

10930 PEMBROKE ROAD
MIRAMAR, FL 33025

New Mailing Address:

12741 MIRAMAR PARKWAY, SUITE 101
MIRAMAR, FL 33027

FEI Number: 43-2116546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, DELILAH
10930 PEMBROKE ROAD
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

MARTINEZ, DELILAH
12741 MIRAMAR PARKWAY, SUITE 101
MIRAMAR, FL 33027 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: DELILAH MARTINEZ

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, DELILAH
Address: 10930 PEMBROKE ROAD
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINEZ, DELILAH
Address: 12741 MIRAMAR PARKWAY, SUITE 101
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DELILAH MARTINEZ

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date