

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004312

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4205 WEST ATLANTIC AVE  
SUITE 103A  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

12355 HAGEN RANCH ROAD  
UNIT # 603  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

4205 WEST ATLANTIC AVE  
SUITE 103A  
DELRAY BEACH, FL 33445

**New Mailing Address:**

12355 HAGEN RANCH ROAD  
UNIT # 603  
BOYNTON BEACH, FL 33437

**FEI Number:** 51-0615645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAM, WARREN  
4205 WEST ATLANTIC AVE  
SUITE 103A  
DELRAY BEACH, FL 33445 US

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

SAM, WARREN  
12355 HAGEN RANCH ROAD  
UNIT # 603  
BOYNTON BEACH, FL 33437 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: WARREN SAM

01/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAM, WARREN  
Address: 12355 HAGEN RANCH ROAD-UNIT # 603  
City-St-Zip: BOYNTON BEACH, FL 33437

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: WARREN SAM

P

01/15/2012

Electronic Signature of Signing Officer or Director

Date