

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000006437

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** INDEPENDENT FINANCIAL SERVICES OF SOUTH FLORIDA, INCORPORATED

**Current Principal Place of Business:**

7636 SOUTH FEDERAL HWY  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

7636 SOUTH FEDERAL HWY  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 80-0412431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALTINO, ROBERT  
5811 NW BLUE BONNET COURT  
PORT ST LUCIE, FL 34986 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALTINO, ROBERT  
Address: 5811 NW BLUE BONNET COURT  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP  
Name: ALTINO, ANTHONY  
Address: 189 NE CAPRONA AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

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: ROBERT ALTINO

PRES

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date