

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123472

FILED  
Mar 16, 2010  
Secretary of State

Entity Name: A & J INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

807 LUCERNE AVE.  
EAST UNIT  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

807 LUCERNE AVE.  
EAST UNIT  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 45-0580056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DIAZ, JULIA  
807 LUCERNE AVE  
EAST UNIT  
LAKE WORTH, FL 33460 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIAZ, JULIA  
Address: 807 LUCERNE AVE EAST UNIT  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP  
Name: RAMOS, ROBERTO JR.  
Address: 807 LUCERNE AVE EAST UNIT  
City-St-Zip: LAKE WORTH, FL 33460

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: JULIA DIAZ

P

03/16/2010

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

\_\_\_\_\_  
Date