

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003592

FILED  
Jul 26, 2010  
Secretary of State

Entity Name: ESM INSURANCE PROFESSIONALS, INC.

## Current Principal Place of Business:

SUITE 302 2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2333 PONCE DE LEON BLVD  
SUITE 302  
CORAL GABLES, FL 33134

## Current Mailing Address:

SUITE 302 2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

## New Mailing Address:

6100 SW 44 TERRACE  
MIAMI, FL 33155

FEI Number: 26-1757262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, GONZALEZ & QUESADA, LLP  
THE COLONNADE-SUITE 302, 2333 PONCE DE LEO  
N BLVD  
CORAL GABLES, FL 33134 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: RA  
Name: SANCHEZ-MEDINA JR, ROLAND  
Address: 2333 PONCE DE LEON BLVD. SUITE 302  
City-St-Zip: CORAL GABLES, FL 33134

Title: OF  
Name: SANCHEZ-MEDINA, EILEEN C  
Address: 6100 SW 44 TERRACE  
City-St-Zip: MIAMI, FL 33155 US

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: EILEEN SANCHEZ-MEDINA

OF

07/26/2010

Electronic Signature of Signing Officer or Director

Date