

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083683

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: MK INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

11215 NW 57TH. LANE  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

11215 NW 57TH. LANE  
DORAL, FL 33178 US

**New Mailing Address:**

FEI Number: 26-3341019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRIVOPISK, MARIO  
11215 NW 57TH. LANE  
DORAL, FL 33178 US

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

PADIAL, JOSE I  
2600 S. DOUGLAS ROAD  
PENTHOUSE 6  
CORAL GABLES, FL 33134 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: JOSE I PADIAL

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KRIVOPISK, MARIO  
Address: 11215 NW 57TH. LANE  
City-St-Zip: DORAL, FL 33178 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIO KRIVOPISK

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date