

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000083683

**Entity Name:** MK INSURANCE SERVICES, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**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:**

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

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

PADIAL, JOSE I PA  
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

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date