

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083872

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC INSURANCE BROKERAGE CORPORATION

**Current Principal Place of Business:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

2255 GLADES ROAD  
STE #324-A  
BOCA RATON, FL 33433

**Current Mailing Address:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

2255 GLADES ROAD  
STE #324-A  
BOCA RATON, FL 33433

**FEI Number:** 26-3615474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORAFATES, ANDREW  
1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233 US

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

MORAFATES, ANDREW  
2255 GLADES ROAD  
STE #324-A  
BOCA RATON, FL 33433 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:**

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** MORAFATES, ANDREW  
**Address:** 2255 GLADES ROAD, STE #324-A  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** VPTD  
**Name:** VELISSARIOS, DEMITRIUS  
**Address:** 2255 GLADES ROAD, STE #324-A  
**City-St-Zip:** BOCA RATON, FL 33433

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:** ANDREW MORAFATES

PSD

01/21/2011

Electronic Signature of Signing Officer or Director

Date