

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000084739

**FILED**  
**May 11, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE PLAN CONCEPTS, INC

**Current Principal Place of Business:**

18459 PINES BLVD  
SUITE 319  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

218 SE 15 ST  
DANIA, FL 33004

**Current Mailing Address:**

18459 PINES BLVD  
SUITE 319  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

218 SE 15 ST  
DANIA, FL 33004

**FEI Number:** 26-3526472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AYALA, JAMES  
18459 PINES BLVD  
SUITE 319  
PEMBROKE PINES, FL 33029 US

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

AYALA, JAMES  
218 SE 15 ST  
DANIA, FL 33004 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: JAMES AYALA

05/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: AYALA, JAMES  
Address: 218 SE 15 ST  
City-St-Zip: DANIA, FL 33004

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: JAMES AYALA

DP

05/11/2012

Electronic Signature of Signing Officer or Director

Date