## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000105954

Entity Name: JAWS INSURANCE OF MIAMI SHORES INC.

FILED Jun 14, 2011 Secretary of State

Ourse at Dain sin at Dia	of Business	New Principal Place	of Business	
Current Principal Place of Business:		New Principal Place	or Business:	
764 NE 119 STREET BISCAYNE PARK, FL	33161			
Current Mailing Address:		New Mailing Address:		
764 NE 119 STREET BISCAYNE PARK, FL	33161			
FEI Number: 80-0317774	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of	of Current Registered Agent:	Name and Address o	ame and Address of New Registered Agent:	
FENTON, MAURICE F 764 NE 119 STREET BISCAYNE PARK, FL				
The above named enti in the State of Florida.	ty submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Elect	ronic Signature of Registered Age	ent	Date	

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 FENTON, MAURICE F

 Address:
 764 NE 119 STREET

 City-St-Zip:
 BISCAYNE PARK, FL 33161

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: MAURICE FENTON PRES 06/14/2011