

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000001264

Entity Name: J.M.I. INSURANCE AGENCY, INC.

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9900 W SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

9900 W SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 26-3995190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIOS, STEPHANIE R  
9520 PORTSIDE DRIVE  
FORT PIERCE, FL 34945 US

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

RIOS, ALBERTO R  
4278 NW 89 AVE  
APT 107  
CORAL SPRINGS, FL 33065 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: ALBERTO R RIOS

02/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIOS, ALBERTO R  
Address: 4278 NW 89 AVE, APT 107  
City-St-Zip: CORAL SPRINGS, FL 33065 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: ALBERTO R RIOS

P

02/28/2010

Electronic Signature of Signing Officer or Director

Date