

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000015695

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** 1ST ASSURANCE SERVICES, INC

**Current Principal Place of Business:**

1930 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1930 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number:** 30-0534476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DA SILVA, LILLIAN  
1432 SE 14 TERR  
CAPE CORAL, FL 33990 US

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

DA SILVA, LILY  
1432 SE 14 TERR  
CAPE CORAL, FL 33990 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: LILY DA SILVA

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DA SILVA, LILY  
Address: 1432 SE 14 TERR  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP  
Name: GORNTON, LISA  
Address: 1432 SE 14 TERR  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP  
Name: OTERO, LOURDES  
Address: 1432 SE 14 TERR  
City-St-Zip: CAPE CORAL, FL 33990 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: LILY DA SILVA

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date