

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062717

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** FLORIDA INSURANCE RESTORATION EXPERTS INC.

**Current Principal Place of Business:**

2890 ST. ROAD 84  
108  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

2890 ST. ROAD 84  
108  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 27-0601497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GREENE, TIM  
2890 ST. ROAD 84  
STE 108  
FT. LAUDERDALE, FL 33312 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** GREENE, TIMOTHY  
**Address:** 2890 ST ROAD 84 STE 108  
**City-St-Zip:** FT. LAUDERDALE, FL 33312 US

**Title:** P  
**Name:** ROSMAN, MARIO  
**Address:** 2890 ST. ROAD 84 STE 108  
**City-St-Zip:** FT. LAUDERDALE, FL 33312 US

**Title:** D  
**Name:** SPICOLA, JASON  
**Address:** 1014 BEAVER DRIVE  
**City-St-Zip:** TARPON SPRINGS, FL 34689

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:** TIMOTHY GREENE

VP

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date