# 2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 14, 2011**
**Secretary of State**

DOCUMENT# P09000075186

**Entity Name:** MILOWE AND FAILLA INSURANCE INC.

**Current Principal Place of Business:**

2022 NE 19TH STREET
APT 3R
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

2022 NE 19TH STREET
APT 3R
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

**FEI Number: 27-0895664** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FAILLA, BRIAN
2022 NE 19TH STREET
APT 3R
FORT LAUDERDALE, FL 33305 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: P
Name: FAILLA, BRIAN
Address: 2022 NE 19TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP
Name: MILOWE, LAURENCE
Address: 6340 HATTERAS CLUB DRIVE
City-St-Zip: LAKE WORTH, FL 33463

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: LAURENCE MILOWE VP 03/14/2011

Electronic Signature of Signing Officer or Director — Date