

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000092537

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** GRUM INSURANCE CORPORATION

**Current Principal Place of Business:**

12401 W OKEECHOBEE RD #465  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

12401 W OKEECHOBEE RD #465  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

FEI Number: 27-1367276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RODRIGUEZ, ARGELIA M  
12401 W OKEECHOBEE RD #465  
HIALEAH GARDENS, FL 33018 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: PD  
Name: RODRIGUEZ, ARGELIA M  
Address: 12401 W OKEECHOBEE RD #465  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VPD  
Name: RODRIGUEZ, ALEX F  
Address: 12401 W OKEECHOBEE RD #465  
City-St-Zip: HIALEAH GARDENS, FL 33018

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: ARGELIA RODRIGUEZ

PD

04/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date