## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000031673

Entity Name: WESTERN SUMMIT INSURANCE SOLUTIONS INC.

**FILED** Mar 28, 2012 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

201 N UNIVERSITY DRIVE 103A 5220 S. UNIVERSITY DRIVE PLANTATION, FL 33324

SUITE C-202 DAVIE, FL 33328

**Current Mailing Address: New Mailing Address:** 

5220 S. UNIVERSITY DRIVE 201 N UNIVERSITY DRIVE 103A PLANTATION, FL 33324

SUITE C-202 DAVIE, FL 33328

FEI Number: 27-2372075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KHAN, ESHAUDDIN KHAN, ESHAUDDIN 5220 S. UNIVERSITY DRIVE 201 N UNIVERSITY DRIVE 103A PLANTATION, FL 33324 SUITE C-202

DAVIE, FL 33328 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: 03/28/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

KHAN, ESHAUDDIN Name: 5220 S. UNIVERSITY DRIVE Address:

City-St-Zip: **DAVIE, FL 33328** 

Title:

Name: MADIO, RUSS R

Address: 5220 S. UNIVERSITY DRIVE

**DAVIE, FL 33328** City-St-Zip:

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: RUSS R. MADIO D 03/28/2012