

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000047128

FILED
Apr 30, 2011
Secretary of State

Entity Name: ONE FLORIDA INSURANCE AGENCY, INC.

Current Principal Place of Business:

447 NE 195TH STREET
317
MIAMI, FL 33179 DA

New Principal Place of Business:

633 NE 167TH STREET
303
NORTH MIAMI BEACH, FL 33162 DA

Current Mailing Address:

447 NE 195TH STREET
317
MIAMI, FL 33179 DA

New Mailing Address:

633 NE 167TH STREET
303
NORTH MIAMI BEACH, FL 33162 DA

FEI Number: 27-2784849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, FRANCELINE
447 NE 195TH STREET
317
MIAMI, FL, FL 33179 US

Name and Address of New Registered Agent:

PIERRE, FRANCELINE
447 NE 195TH STREET
317
MIAMI,, FL 33179 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: FRANCELINE PIERRE

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FRANCELINE, PIERRE
Address: 447 NE 195TH STREET #317
City-St-Zip: MIAMI, FL 33179 DA

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: FRANCELINE PIERRE

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date