

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000061089

**Entity Name:** FLORIDA GIA INSURANCE INC.

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

315 S.E. MIZNER BLVD SUITE 208  
BOCA RATON, FL 33432

**New Principal Place of Business:**

4410 WESTON ROAD  
WESTON, FL 33331

**Current Mailing Address:**

315 S.E. MIZNER BLVD SUITE 208  
BOCA RATON, FL 33432

**New Mailing Address:**

4410 WESTON ROAD  
WESTON, FL 33331

**FEI Number:** 27-3130076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIARRATANA, CLAUDIA M  
315 S.E. MIZNER BLVD SUITE 208  
BOCA RATON, FL 33432 US

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

GIARRATANA, CLAUDIA M  
4410 WESTON ROAD  
WESTON, FL 33331 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: CLAUDIA M GIARRATANA

07/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIARRATANA, CLAUDIA M  
Address: 4410 WESTON ROAD  
City-St-Zip: WESTON, FL 33331

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: CLAUDIA M GIARRATANA

P

07/11/2011

Electronic Signature of Signing Officer or Director

Date