

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064513

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PREMIER INSURANCE GROUP, INC.

**Current Principal Place of Business:**

5455 SW 8 STREET  
STE 220  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

8370 W FLAGLER ST  
STE 226  
MIAMI, FL 33144

**Current Mailing Address:**

5455 SW 8 STREET  
STE 220  
CORAL GABLES, FL 33134

**New Mailing Address:**

8370 W FLAGLER ST  
STE 226  
MIAMI, FL 33144

**FEI Number:** 27-3293302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENDEZ, JOEL L  
5455 SW 8 STREET  
STE 220  
CORAL GABLES, FL 33134 US

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

MENDEZ, JOEL L  
8370 W FLAGLER ST  
STE 226  
MIAMI, FL 33144 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: JOEL L MENDEZ

03/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MENDEZ, JOEL L  
Address: 624 SW 1 ST APT 506  
City-St-Zip: MIAMI, FL 33144

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: JOEL L MEMDEZ

PD

03/13/2011

Electronic Signature of Signing Officer or Director

Date