

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074438

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** 1 KEY INSURANCE SOLUTIONS INC.

**Current Principal Place of Business:**

13899 BISCAYNE BLVD  
SUITE #104  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

13899 BISCAYNE BLVD  
SUITE #104  
NORTH MIAMI BEACH, FL 33181

**New Mailing Address:**

13899 BISCAYNE BLVD  
SUITE #104  
NORTH MIAMI, FL 33181

**FEI Number:** 27-3439155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORVILL, CARMEN  
13899 BISCAYNE BLVD  
SUITE #104  
NORTH MIAMI BEACH, FL 33181 US

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

BEATO, SONIA  
13899 BISCAYNE BLVD  
SUITE #104  
NORTH MIAMI BEACH, FL 33181 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: SONIA BEATO

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BEATO, SONIA  
Address: 13899 BISCAYNE BLVD  
City-St-Zip: NORTH MIAMI, FL 33181

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: SONIA BEATO

DPTS

03/02/2012

Electronic Signature of Signing Officer or Director

Date