

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000065977

Entity Name: BROKERAGE INSURANCE PARTNERS, INC.

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

8531 BOCA RIO DRIVE  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233 US

**Current Mailing Address:**

8531 BOCA RIO DRIVE  
BOCA RATON, FL 33433 US

**New Mailing Address:**

1753 LIVE OAK LANE  
ATLANTIC BEACH, FL 32233 US

FEI Number: 45-2814575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEARSON, JUSTIN M ESQ.  
5531 N. UNIVERSITY DRIVE  
SUITE 101  
CORAL SPRINGS, FL 33067 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: MORAFATES, ANDREW  
Address: 1753 LIVE OAK LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: DP  
Name: VELISSARIOS, DEMETRIOS  
Address: 2161 FAIRWAY VILLAS LANE SOUTH  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: DS  
Name: WHITBECK, RICHARD A  
Address: 67 MALLET LANE  
City-St-Zip: NEW HARTFORD, CT 06057

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: ANDREW MORAFATES

Electronic Signature of Signing Officer or Director

CEO

04/19/2012

Date