

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019145

FILED
Apr 03, 2012
Secretary of State

Entity Name: AMTRUST NORTH AMERICA OF FLORIDA, INC

Current Principal Place of Business:

903 N.W. 65TH STREET
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 812319
BOCA RATON, FL 334812319 US

New Mailing Address:

FEI Number: 59-3170795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P
Name: PACHECO, ELISSA
Address: 903 N.W. 65TH STREET
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: MILLER, JAY J
Address: 430 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: ZYSKIND, BARRY D
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: T
Name: KERRY, HEITZ J
Address: 903 N.W. 65TH STREET
City-St-Zip: BOCA RATON, FL 33487

Title: SD
Name: UNGAR, STEPHEN B
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: D
Name: SCHLACHTER, HARRY
Address: 59 MAIDEN LANE, 6TH FL
City-St-Zip: NEW YORK, NY 10038

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: STEPHEN UNGAR

SD

04/03/2012

Electronic Signature of Signing Officer or Director

Date