

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000022532

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** MGM INSURANCE AGENCY AND MULTI SERVICE INC.

**Current Principal Place of Business:**

1535 NW 119 ST  
MIAMI, FL 33167 US

**New Principal Place of Business:**

**Current Mailing Address:**

1535 NW 119 ST  
MIAMI, FL 33167 US

**New Mailing Address:**

**FEI Number:** 65-0571754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOUISSAINT, FRANTZ  
2325 NW 195 ST  
MIAMI, FL 33056 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: MARCELIN, JOSEPH P  
Address: 19320 NW 23 AVE  
City-St-Zip: MIAMI, FL 33056

Title: V  
Name: LOUISSAINT, NICOLE MARIE  
Address: 2325 NW 195 ST  
City-St-Zip: MIAMI, FL 33056

Title: S  
Name: MARCELIN, WILDA L  
Address: 19320 NW 23 AVE  
City-St-Zip: MIAMI, FL 33056

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: WILDA L MARCELIN

S

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date