

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000015872

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** PERFORMANCE MARINE ASSOCIATES INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

MARINA BAY MARINA  
2525 MARINA BAY DR. W., SUITE 204  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

MARINA BAY MARINA  
2525 MARINA BAY DR. W., SUITE 204  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0644891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, STEVEN C  
6751 NORTH FEDERAL HWY  
SUITE #400  
BOCA RATON, FL 33487 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: PD  
Name: FYHRIE, RAYMOND H  
Address: 10260 NW 2ND COURT  
City-St-Zip: PLANTATION, FL 33324

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: RAYMOND H FYHRIE

PD

03/10/2011

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

\_\_\_\_\_  
Date