

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060651

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: A & T INSURANCE BROKERAGE, INC.

**Current Principal Place of Business:**

800 SEVENTY FIRST STREET  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

800 SEVENTY FIRST STREET  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-0851296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TRULLENQUE, ANTHONY L  
7098 BONITA DR  
MIAMI, FL 33141 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: TRULLENQUE, ANTHONY L  
Address: 7098 BONITA DR  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DVT ( ) Delete  
Name: WINKLER, THOMAS E  
Address: 7098 BONITA DR  
City-St-Zip: MIAMI, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY L TRULLENQUE

DPS

01/14/2009

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

\_\_\_\_\_  
Date