

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035327

FILED
Mar 29, 2010
Secretary of State

Entity Name: AGENTS INSURANCE RESOURCES, INC.

Current Principal Place of Business:

362 MINORCA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

362 MINORCA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1146704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, HENRY C JR.
362 MINORCA AVE
CORAL GABLES, FL 33134 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: T
Name: BAMBERGER, IVOR J
Address: 362 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: V
Name: GODWIN, HENRY C JR.
Address: 7707 S.W. 181 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: S
Name: WEINER, JEFF B
Address: 5605 S.W. 85TH STREET
City-St-Zip: MIAMI, FL 33156

Title: P
Name: FALCONI, ARTHUR J
Address: 6405 LEONARD ST
City-St-Zip: CORAL GABLES, FL 33146

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: IVOR J BAMBERGER

T

03/29/2010

Electronic Signature of Signing Officer or Director

_____ Date