

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01495

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** SOUTHEAST INSURANCE BROKERAGE COMPANY

**Current Principal Place of Business:**

2665 S BAYSHORE DR  
1001  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

2665 S BAYSHORE DR  
1001  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

**FEI Number:** 59-3031701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSEN, THOMAS D  
2665 S BAYSHORE DR SUITE 1001  
COCONUT GROVE, FL 33133 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: DPST  
Name: ANDERSEN, THOMAS D  
Address: 2665 SOUTH BAYSHORE DR SUITE 1001  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D  
Name: ANDERSEN, REBECCA L  
Address: 2665 SOUTH BAYSHORE DR SUITE 1001  
City-St-Zip: COCONUT GROVE, FL 33133

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: REBECCA ANDERSEN

D

01/12/2012

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

\_\_\_\_\_  
Date