

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34927

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ACCORD INSURANCE UNDERWRITERS, INC.

## Current Principal Place of Business:

8420 WEST FLAGLER STREET  
SUITE 119A  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

8420 WEST FLAGLER STREET  
SUITE 119A  
MIAMI, FL 33144

## New Mailing Address:

FEI Number: 65-0248284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LADRIE, NORMAN D.  
9345 S.W. 144TH STREET  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

LADRIE, JOSEPH  
16715 SW 301 ST  
HOMESTEAD, FL 33030 US

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: JOSEPH LADRIE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LADRIE, NORMAN D.  
Address: 9345 S.W. 144TH STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: V ( ) Delete  
Name: LADRIE, PATRICIA L  
Address: 9345 SW 144TH ST.  
City-St-Zip: MIAMI, FL 33176 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LADRIE, JOSEPH  
Address: 16715 SW 301 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: V (X) Change ( ) Addition  
Name: LADRIE, BRENDA L  
Address: 16715 SW 301 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

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: JOSEPH LADRIE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date