

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69691

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** A. FRANCE INSURANCE & MULTISERVICES, INC.

**Current Principal Place of Business:**

11870 WEST DIXIE HWY  
MIAMI, FL 33161 US

**New Principal Place of Business:**

11845 WEST DIXIE HWY  
MIAMI, FL 33161 US

**Current Mailing Address:**

11870 WEST DIXIE HWY  
MIAMI, FL 33161 US

**New Mailing Address:**

11845 WEST DIXIE HWY  
MIAMI, FL 33161 US

**FEI Number:** 65-0325785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCE, JEAN MARIE  
18612 SW 55 STREET  
MIRAMAR, FL 33029 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: D  
Name: FRANCE, JEAN MARIE  
Address: 18612 SW 55 STREET  
City-St-Zip: MIAMI, FL 33029

Title: V  
Name: FRANCE, EUSTELLE M OFFICER  
Address: 18512 SW 55 STREET  
City-St-Zip: MIAMI, FL 33029

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: JEAN MARIE FRANCE

PRES

04/25/2011

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

\_\_\_\_\_ Date