

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V12573

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** TOTAL INSURANCE SERVICES OF MIAMI, INC.

**Current Principal Place of Business:**

590 E 49TH ST  
2ND FLOOR  
HIALEAH, FL 33013 US

**New Principal Place of Business:**

**Current Mailing Address:**

590 E 49TH ST  
2ND FLOOR  
HIALEAH, FL 33013 US

**New Mailing Address:**

**FEI Number:** 65-0311114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TORRECILLA, JULIO E  
590 E 49TH ST  
2ND FLOOR  
HIALEAH, FL 33013 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: P  
Name: TORRECILLA, JULIO E  
Address: 590 E 49TH ST  
City-St-Zip: HIALEAH, FL 33013 US

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: JULIO TORRECILLA

PRES

03/05/2010

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

\_\_\_\_\_ Date