

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334855

Entity Name: WEXLER INSURANCE AGENCY INC

Current Principal Place of Business:

1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

1120 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 59-1219972

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZINGLER, DOUGLAS
1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name WEXLER, MICHAEL J
Address 7970 S.W. 145TH ST.
City-State-Zip: MIAMI FL

Title VP
Name WASSERMAN, GARY J
Address 2518 MONTCLAIRE CIRCLE
City-State-Zip: WESTON FL 33327

Title PST
Name WEXLER, STEVEN M.
Address 11104 SW 79TH PATH
City-State-Zip: MIAMI FL 33156

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: MICHAEL J WEXLER

DIRECTOR

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date