

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066506

Entity Name: MARIA M. NODARSE INSURANCE AGENCY INC.

Current Principal Place of Business:

2669 FOREST HILL BLVD
SUITE 240-A
WEST PALM BEACH, FL 33405

Current Mailing Address:

2669 FOREST HILL BLVD
SUITE 240-A
WEST PALM BEACH, FL 33405

FEI Number: 20-2798678

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NODARSE, MARIA M
5469 MELALEUCA LANE
LAKE WORTH, FL 33463 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 P
Name NODARSE, MARIA M
Address 5469 MELALEUCA LANE
City-State-Zip: LAKE WORTH FL 33463

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: MARIA M NODARSE

PRESIDENT

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date