

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000096406

**Entity Name:** ALL INSURANCE CONSULTING INC

**Current Principal Place of Business:**

3283 NW 47TH AVE  
COCONUT CREEK, FL 33063

**Current Mailing Address:**

3283 NW 47TH AVE  
COCONUT CREEK, FL 33063

**FEI Number:** 47-2458309

**Certificate of Status Desired:** No

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

SANCHEZ, MARTHA S  
3283 NW 47TH AVE  
COCONUT CREEK, FL 33063 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 SANCHEZ, MARTHA S  
Address 3283 NW 47TH AVE  
City-State-Zip: COCONUT CREEK FL 33063

*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:** MARTHA SANCHEZ

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date