

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M47047

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** PROPER INSURANCE AGENCY, CORP.

**Current Principal Place of Business:**

471 EAST 49TH STREET  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

471 EAST 49TH STREET  
HIALEAH, FL 33013

**New Mailing Address:**

**FEI Number:** 59-2787876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMOS, MARIA A  
471 EAST 49 STREET  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMOS, MARIA A  
Address: 7499 W 34TH LN  
City-St-Zip: HIALEAH, FL

Title: V  
Name: CEBALLOS, JOSEFINA  
Address: 7499 W 34TH LN  
City-St-Zip: HIALEAH, FL

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: RAMOS, MARIA

PRES

04/26/2012

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

\_\_\_\_\_  
Date