## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000012575

Entity Name: AAAAA INSURANCE AGENCY, INC.

FILED Nov 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5805 BLUE LAGOON 355 ALHAMBRA CIRCLE SUITE 280 SUITE 950

MIAMI, FL 33126 CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

PO BOX 347826 CORAL GABLES, FL 33234

FEI Number: 65-0982755 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BENITEZ, ISABEL ACOSTA-CASTRO, GISELA 5805 BLÚE LAGOON DRIVE 7411 SW 66 STREET SUITE 280 MIAMI, FL 33143 MIAMI, FL 33126 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: GISELA ACOSTA-CASTRO 11/22/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: (X) Change ( ) Addition BENITEZ, ISABEL ACOSTA-CASTRO, GISELA Name: Name:

7411 SW 66 STREET 5805 BLUE LAGOON DRIVE #280 Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GISELA ACOSTA-CASTRO **PSD** 11/22/2009