

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080531

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MANNY CHAVEZ INSURANCE CONSULTANT, INC.

## Current Principal Place of Business:

15365 SW 33RD LANE  
MIAMI, FL 33185

## New Principal Place of Business:

15365 SW 33RD LANE  
MIAMI, FL 33185 US

## Current Mailing Address:

15365 SW 33RD LANE  
MIAMI, FL 33185

## New Mailing Address:

15365 SW 33RD LANE  
MIAMI, FL 33185 US

FEI Number: 54-2117484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O & P TAX ACCOUNTING CORP,  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 US

## Name and Address of New Registered Agent:

O&P TAX-ACCOUNTING CORP.  
11890 SW 8TH STREET  
PENTHOUSE VII  
MIAMI, FL 33184 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: OSCAR R. AGUILAR, EA.

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: CHAVEZ, MANUEL E  
Address: 15365 SW 33RD LANE  
City-St-Zip: MIAMI, FL 33185

Title: V (X) Delete  
Name: CHAVEZ, ROSA-ALBA  
Address: 15365 SW 33RD LANE  
City-St-Zip: MIAMI, FL 33185

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: CHAVEZ, ROSA ALBA  
Address: 15365 SW 33RD LANE  
City-St-Zip: MIAMI, FL 33185

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSA ALBA CHAVEZ

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date