

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023542

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** NE INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

8501 SW 124 AVENUE  
SUITE 204B  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

8501 SW 124 AVENUE  
SUITE 204B  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 27-1941750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ECHEZABAL, NELSON  
8501 SW 124 AVENUE  
SUITE 204B  
MIAMI, FL 33183 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: ECHEZABAL, NELSON  
Address: 8501 SW 124 AVENUE SUITE 204B  
City-St-Zip: MIAMI, FL 33183

Title: VP  
Name: ECHEZABAL, ANA G  
Address: 8501 SW 124 AVENUE SUITE 204B  
City-St-Zip: MIAMI, FL 33183

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: NELSON ECHEZABAL

PRES

04/20/2011

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

\_\_\_\_\_ Date