

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061719

Entity Name: SUAREZ INSURANCE, INC.

FILED  
Apr 14, 2011  
Secretary of State

**Current Principal Place of Business:**

1304 W. PLYMOUTH STREET  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

1304 W. PLYMOUTH STREET  
TAMPA, FL 33603

**New Mailing Address:**

FEI Number: 27-0577912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUAREZ, MICHAEL A  
1304 W. PLYMOUTH STREET  
TAMPA, FL 33603 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: SUAREZ, MICHAEL A  
Address: 1304 W. PLYMOUTH STREET  
City-St-Zip: TAMPA, FL 33603

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: MICHAEL SUAREZ

PRES

04/14/2011

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

\_\_\_\_\_ Date