

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000087198

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** OBREGON INSURANCE, CORP.

**Current Principal Place of Business:**

1700 SW 57 AVE  
208  
MIAMI, FL 33155

**New Principal Place of Business:**

1740 SW 57 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

1700 SW 57 AVE  
208  
MIAMI, FL 33155

**New Mailing Address:**

1740 SW 57 AVENUE  
MIAMI, FL 33155

**FEI Number:** 27-1156119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBREGON, YOANA  
1700 SW 57 AVE  
208  
MIAMI, FL 33155 US

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

OBREGON, YOANA  
1740 SW 57 AVE  
MIAMI, FL 33155 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: YOANA OBREGON

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OBREGON, YOANA  
Address: 1740 SW 57 AVE  
City-St-Zip: MIAMI, FL 33155

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: YOANA OBREGON

P

01/31/2012

Electronic Signature of Signing Officer or Director

Date