

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084269

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

15280 NW 79TH COURT  
103  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

15280 NW 79TH COURT  
103  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 27-3682704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE LAW OFFICES OF MARTINEZ & ASSOCIATES  
815 PONCE DE LEON BLVD  
212  
CORAL GABLES, FL 33134 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:** PVPS  
**Name:** ESPINOSA, FERNANDO J  
**Address:** 16222 NW 79 AVE  
**City-St-Zip:** MIAMI LAKES, FL 33016

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:** FERNANDO ESPINOSA

PVPS

02/20/2012

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

\_\_\_\_\_  
Date