

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000148754

**Entity Name:** ALPAGOS INSURANCE, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

655 NORTH A1A  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

1049 VINTNER BLVD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 20-1813250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIVIES, PATRICK  
700 E. DANIA BEACH BOULEVARD  
SUITE 202  
DANIA, FL 33004 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: DP  
Name: BARRE, JEAN-PAUL  
Address: 1049 VINTNER BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JEAN-PAUL BARRE

DP

02/18/2011

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

\_\_\_\_\_  
Date