

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K52791

**Entity Name:** PATRICK T. BATTLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7850 N.W. 146 STREET  
SUITE #200  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

7850 N.W. 146 STREET  
SUITE #200  
MIAMI LAKES, FL 33016 US

**FEI Number:** 65-0085647

**Certificate of Status Desired:** No

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

DANIELS, NICHOLAS M. ESQ.  
ONE S E 3RD AVE  
STE 2400  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BATTLE, PATRICK TD  
Address 7850 NW 146 STREET, SUITE #200  
City-State-Zip: MIAMI LAKES FL 33016

Title O  
Name BATTLE, MICHELE RO  
Address 7850 NW 146 STREET, SUITE #200  
City-State-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:** PATRICK T. BATTLE

**DIRECTOR**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date