

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M47047

**Entity Name:** PROPER INSURANCE AGENCY, CORP.

**Current Principal Place of Business:**

471 EAST 49TH STREET  
HIALEAH, FL 33013

**Current Mailing Address:**

471 EAST 49TH STREET  
HIALEAH, FL 33013

**FEI Number:** 59-2787876

**Certificate of Status Desired:** No

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

RAMOS, MARIA A  
471 EAST 49 STREET  
HIALEAH, FL 33013 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 P  
Name RAMOS, MARIA A  
Address 7499 W 34TH LN  
City-State-Zip: HIALEAH FL

Title VP  
Name DOYLE, JOSIE  
Address 430 GOLDEN ISLES  
303  
City-State-Zip: HALLANDALE BCH FL 33009

*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:** MARIA RAMOS

**PRESIDENT**

**02/27/2015**

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

\_\_\_\_\_  
Date