

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000056503

**Entity Name:** SHARP INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6175 NW 153 STREET  
SUITE 200  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6175 NW 153 STREET  
SUITE 200  
MIAMI LAKES, FL 33014 US

**FEI Number:** 65-1018684

**Certificate of Status Desired:** No

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

GONZALEZ, HELEONEL  
6175 NW 153 STREET  
SUITE 200  
MIAMI LAKES, FL 33014 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 DP  
Name GONZALEZ, HELEONEL  
Address 8732 NW 147 LANE  
City-State-Zip: MIAMI LAKES FL 33018

Title VP  
Name ALFONSO, ELIO  
Address 7815 NW 174 STREET  
City-State-Zip: MIAMI FL 33015

*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:** HELEONEL GONZALEZ

**PRESIDENT**

**02/18/2016**

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

\_\_\_\_\_  
Date