

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100416

Entity Name: AMIGO INSURANCE & ASSOCIATES, INC.

Current Principal Place of Business:

8785 SW 165 AVE
SUITE 103
MIAMI, FL 33193

FILED
Mar 05, 2014
Secretary of State
CC2082618093

Current Mailing Address:

8785 SW 165 AVE
SUITE 103
MIAMI, FL 33193 US

FEI Number: 27-4343628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNOZ, JUAN J
8785 SW 165 AVE
SUITE 103
MIAMI, FL 33193 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	Title	T
Name	MUNOZ, JUAN	Name	GARCIA, WILLIAM
Address	8785 SW 165 AVE SUITE 103	Address	8785 SW 165 AVE SUITE 103
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33193

Title VP/S
Name PEREZ, PILAR MARIA
Address 8785 SW 165 AVE
SUITE 103
City-State-Zip: MIAMI FL 33193

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: JUAN MUNOZ

PRES

03/05/2014

Electronic Signature of Signing Officer/Director Detail Date