

**2016 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 11, 2016**  
**Secretary of State**  
**CC8036978767**

**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	ASST. SECRETARY
Name	MUNOZ, JUAN	Name	PEREZ, PILAR MARIA
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

*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**

**03/11/2016**

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

\_\_\_\_\_  
Date