

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000004756

Entity Name: AZNAREZ INSURANCE AGENCY GROUP, INC.

Current Principal Place of Business:

9797 SW 72 STREET
MIAMI, FL 33173

Current Mailing Address:

9797 SW 72 STREET
MIAMI, FL 33173 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AZNAREZ, ATTN: IET
9797 SW 72 STREET
MIAMI, FL 33173 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 AZNAREZ, ATTN: IET
Address 9797 SW 72 STREET
City-State-Zip: MIAMI FL 33173

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: ATTN: IET AZNAREZ

PRES

05/01/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date