

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000007841

Entity Name: MFE INSURANCE, INC

Current Principal Place of Business:

175 SW 7TH STREET - 2 BLK - STE 1702
MIAMI, FL 33130

Current Mailing Address:

175 SW 7TH STREET - 2 BLK - STE 1702
MIAMI, FL 33130

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMANA, FRANCISCO
175 SW 7TH STREET - 2 BLK - STE 1702
MIAMI, FL 33130 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 DPS
Name SOMANA, FRANCISCO
Address 8437 NW 110 AVE
City-State-Zip: DORAL FL 33178

Title D
Name CABRERA, VICTOR
Address 4957 SW 162 AVE
City-State-Zip: MIRAMAR FL 33027

Title DT
Name ZUNIGA, FRANCISCO
Address AVE LA MESA QTA ANDEINA
City-State-Zip: PRADOS DEL ESTE CARACAS-VENE
XX

Title D
Name MARTINEZ, GUILLERMO
Address AVE VZLA, EDIF. VZLA,
City-State-Zip: CARACAS - VENEZUELA XX

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: FRANCISCO SOMANA

DPS

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date