

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002135

**Entity Name:** CUENCA & ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6724 LOCKHEED DRIVE  
SUITE 1  
REDDING, CA 96002

**Current Mailing Address:**

P.O. BOX 492517  
REDDING, CA 96049 US

**FEI Number: 94-2156207**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MR.  
Name CUENCA, HENRY RCHAIRMA  
Address 6724 LOCKHEED DRIVE, SUITE 1  
City-State-Zip: REDDING CA 96002

Title MRS.  
Name CUENCA, MARY ANNE SECRETA  
Address 6724 LOCKHEED DRIVE, SUITE 1  
City-State-Zip: REDDING CA 96002

Title MR.  
Name CUENCA, RYAN CEO  
Address 6724 LOCKHEED DRIVE, SUITE 1  
City-State-Zip: REDDING CA 96002

*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: RYAN CUENCA**

**PRESIDENT/CEO**

**04/03/2013**

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

\_\_\_\_\_  
Date