

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387043

FILED
Jan 09, 2012
Secretary of State

Entity Name: NATIONAL INSURANCE AGENCY INC.

Current Principal Place of Business:

C/O JEANNIE ARAGON-CRUZ
11222 QUAIL ROOST DR
MIAMI, FL 331576543 US

New Principal Place of Business:

Current Mailing Address:

C/O JEANNIE ARAGON-CRUZ
11222 QUAIL ROOST DR
MIAMI, FL 331576543 US

New Mailing Address:

FEI Number: 59-1357775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARAGON-CRUZ, JEANNIE
11222 QUAIL ROOST DR.
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD
Name: ARAGON-CRUZ, JEANNIE
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL

Title: PD
Name: MCDONALD, KATHY
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: T
Name: BIONDO, REBEKAH
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: D
Name: OLSEN, DINA
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

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: JEANNIE ARAGON-CRUZ

S

01/09/2012

Electronic Signature of Signing Officer or Director

_____ Date