

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90082 026 \*\*\*150.00

**DOCUMENT # 407085**

1. Entity Name  
TODAY INSURANCE AGENCY, INC.



Principal Place of Business

8686 CORAL WAY  
SUITE 206  
MIAMI, FL 33155

Mailing Address

8686 CORAL WAY  
SUITE 206  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1411261

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ALBERTO L.  
1701 SW 82 COURT  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEITO, RAQUEL
STREET ADDRESS	8686 CORAL WAY-206
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	ST
NAME	SANCHEZ, IVAN V
STREET ADDRESS	8686 CORAL WAY #206
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	CEO
NAME	Alberto L. Sanchez
STREET ADDRESS	8686 Coral Way, #206
CITY-ST-ZIP	Miami, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-08