

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 494333

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** JAMES A. COLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1350 N.W. 36 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1350 N.W. 36 STREET  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 59-1656410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIZCAYA, MARJORIE E.  
422 S.W. 99TH AVENUE  
MIAMI, FL 33174 US

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

VIZCAYA VICTOR M.  
422 S.W. 99TH AVENUE  
MIAMI, FL 33174 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: VICTOR VIZCAYA

03/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VSD  
Name: VIZCAYA MARJORIE E.  
Address: 422 S.W. 99TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: VD  
Name: VIZCAYA, MARJORIE E.  
Address: 422 S.W. 99TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: PT  
Name: VIZCAYA, VICTOR M.  
Address: 422 S.W. 99TH AVENUE  
City-St-Zip: MIAMI, FL 33174

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: VICTOR VIZCAYA

PRES

03/11/2011

Electronic Signature of Signing Officer or Director

Date