

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 511610

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8824 CORAL WAY  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8824 CORAL WAY  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 59-1694157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERO, NESTOR  
8824 CORAL WAY  
MIAMI, FL  
I, FL 33165 US

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

RIVERO, NESTOR  
8824 CORAL WAY  
MIAMI, FL 33165 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: NESTOR RIVERO

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VS  
Name: LOPEZ, GEMA  
Address: 234 SW 102ND PL  
City-St-Zip: MIAMI, FL 33165

Title: T  
Name: GONZALEZ, ALFREDO  
Address: 8824 CORAL WAY  
City-St-Zip: MIAMI, FL 33165

Title: P  
Name: RIVERO, NESTOR  
Address: 8824 CORAL WAY  
City-St-Zip: MIAMI, FL 33165

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: NESTOR RIVERO

PRES

04/18/2011

Electronic Signature of Signing Officer or Director

Date