

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 591244

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** VIDAL SAINZ INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

362 MINORCA AVE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

47 NW 136 AVE  
MIAMI, FL 33182 US

**New Mailing Address:**

**FEI Number:** 59-1858460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAINZ, VIDAL JR  
47 NW 136 AVE.  
MIAMI, FL 33182 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: P  
Name: SAINZ, VIDAL JR  
Address: 47 NW 136 AVE  
City-St-Zip: MIAMI, FL 33182 US

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: VIDAL SAINZ JR

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date