

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F88390

Entity Name: A & G INSURANCE, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1870 W 60 ST  
SUITE A  
HIALEAH, FL 33012 MD

**New Principal Place of Business:**

**Current Mailing Address:**

1870 W 60 ST  
SUITE A  
HIALEAH, FL 33012 MD

**New Mailing Address:**

FEI Number: 59-2207370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, ANA A AGENT  
3184 SW 27 STREET  
MIAMI, FL 33133 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: MRS  
Name: CARP, CRISTINA A PRES  
Address: 13229 SW 85 LANE  
City-St-Zip: MIAMI, FL 33183 MD

Title: MS  
Name: GONZALEZ, LILIANA A VP  
Address: 10453 SW 55 ST  
City-St-Zip: MIAMI, FL 33165 MD

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: CRISTINA CARP

PRES

04/11/2012

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

\_\_\_\_\_  
Date