

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 12 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G37870

1. Entity Name

Brown & Associates General
Insurance Inc.



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2. Principal Place of Business - No P.O. Box #

6675 SW 90 CT

Suite, Apt. #, etc.

3. Mailing Address

6675 SW 90 CT

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59 22 83 884

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ESTEBAN L. BROWN

Street Address (P.O. Box Number is Not Acceptable)

6907 SW 115 PL Unit G

City

Miami

FL

Zip Code

33173

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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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

donbrown@bell-south.net
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE P President
NAME Donald A. Brown
STREET ADDRESS 6675 SW 90 CT
CITY-ST-ZIP MIAMI FL 33173

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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

DONALD A. BROWN

5/6/11

786 457 3508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #