

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G51270

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

804 NW 183RD ST  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

804 NW 183RD ST  
MIAMI GARDENS, FL 331694252 US

**Current Mailing Address:**

804 NW 183RD ST  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

804 NW 183RD ST  
MIAMI GARDENS, FL 331694252 US

**FEI Number:** 59-2307361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RILLO, EDWIN J  
804 NW 183RD STREET  
MIAMI GARDENS, FL 33169 US

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

RILLO, EDWIN J  
804 NW 183RD STREET  
MIAMI GARDENS, FL 331694252 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:

03/21/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: RILLO, EDWIN J  
Address: 804 N W 183RD ST  
City-St-Zip: MIAMI GARDENS, FL 331694252 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: EDWIN J RILLO

DPST

03/21/2011

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

\_\_\_\_\_  
Date