

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33718

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** ESSENTIAL LINES INSURANCE AGENCY INCORPORATED

**Current Principal Place of Business:**

2833 EXECUTIVE PARK DRIVE  
#500  
WESTON, FL 33331

**New Principal Place of Business:**

2833 EXECUTIVE PARK DRIVE  
#500  
WESTON, FL 33331 US

**Current Mailing Address:**

2833 EXECUTIVE PARK DRIVE  
#500  
WESTON, FL 33331

**New Mailing Address:**

2833 EXECUTIVE PARK DRIVE  
#500  
WESTON, FL 33331 US

**FEI Number:** 59-2483522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVELLO, KRISTIN L  
5151 SW 195TH TERRACE  
FT. LAUDERDALE, FL 33332 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: AVELLO, KRISTIN L  
Address: 2833 EXECUTIVE PARK DRIVE #500  
City-St-Zip: WESTON, FL 33331 US

Title: VP  
Name: AVELLO, ALFREDO JR  
Address: 2833 EXECUTIVE PARK DRIVE #500  
City-St-Zip: WESTON, FL 33331 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: KRISTIN L AVELLO

P

03/21/2011

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

\_\_\_\_\_  
Date