

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L49691

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** PENINSULA INSURANCE BUREAU, INC.

**Current Principal Place of Business:**

6065 NW 167 ST  
SUITE B1  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6065 NW 167 ST  
SUITE B1  
MIAMI, FL 33015 US

**New Mailing Address:**

**FEI Number:** 65-0171532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALACIOS, JOSE A  
6065 NW 167 ST  
STE B1  
MIAMI, FL 33015 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: PTD  
Name: PALACIOS, JOSE A  
Address: 6065 NW 167 ST STE B1  
City-St-Zip: HIALEAH, FL 33015

Title: DVS  
Name: KUNZMAN, EMERY L  
Address: 6065 NW 167 ST STE B1  
City-St-Zip: HIALEAH, FL 33015

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: JOSE A. PALACIOS

PRES

02/14/2012

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

\_\_\_\_\_  
Date