

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58119

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** BARINAGA INSURANCE AGENCY INC.

**Current Principal Place of Business:**

881 OCEAN DR 8C  
STE. #204  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

881 OCEAN DR # 8C  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

881 OCEAN DR 8C  
STE. #204  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

881 OCEAN DR # 8C  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 65-0004455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACHADO, CARLOS M  
2030 DOUGLAS ROAD #210  
CORAL GABLES, FL 33134 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: PSTD  
Name: BARINAGA, JORGE L.  
Address: 881 OCEAN DR 8C  
City-St-Zip: KEY BISCAYNE, FL 33149

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: JORGE L BARINAGA

PRES

01/05/2012

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

\_\_\_\_\_ Date