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DOCUMENT			1, J				
1. Entity Name DUARTE INSURANCE AGENCY, INC.					FILED		
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Principal Place of Business Mailing Address				 -	01 DEC 11 AM 9: 42		
1550 West 84 Street #77				SECI TALL	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	leah, Fl. 330		me	1024	MIMOOLE,	FLUNIUA	
Principal Place of Bus		3. Mailing Address					
1550 West 84 Street Suite, Apt. #. etc.		1550 West 84 Street					
#77		Suite, Apt. #, etc.		DO N	OT WRITE IN TH	IS SPACE	
City & State	. 7	#7.7 City & State		4. FEI Number			plied For
Hialeah, F ^{Zip}	Country	Hialeah, F]	Country	65-0012320		No \$8.75 Add	t Applicable
33014	USA	33014	USA	5. Certificate of Status D		Fee Require	
6. Nam	ne and Address of Current F	Registered Agent	Name	7. Name and Address o		ed Agent	
Rafael A. Duarte				Lourdes-C. Ramos Street Address (P.O. Box Number is Not Acceptable)			
550 West	· -	· 7	Street A	•			
Hialeah, F		<i>i</i> ·	1550) West 84 Street	#77		
	55017	City Hiale				L Zip Code	9
. The above named en							4
	tity submits this statement for	the purpose of changing its	s registered office or	registered agent, or both, in the Sta	te of Florida.		
7.	tity submits this statement for		-	registered agent, or both, in the Sta			
V	tity submits the statement for	E LOU	-	registered agent, or both, in the Sta <u>Camos, Presider</u> re required when reinstating)	\ <i>T</i>	<u>/</u> 30/01	
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