

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75611

FILED  
Apr 21, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O CAROL A. PIERON  
12798 W FOREST HILL BLVD SUITE 205A  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAROL A. PIERON  
12798 W FOREST HILL BLVD SUITE 205A  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

**FEI Number:** 65-0039057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORSO-PIERON, CAROL A  
818 IVY DR  
WELLINGTON, FL 33414 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CORSO-PIERON, CAROL A  
Address: 818 IVY DR  
City-St-Zip: WELLINGTON, FL 33414

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:** CAROL CORSO-PIERON

PRES

04/21/2010

Electronic Signature of Signing Officer or Director

Date