

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000001368

**Entity Name:** J. YARA INSURANCE AGENCY, INC.

**FILED**  
**Jun 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7910 N.W. 25TH ST., STE. 206  
MIAMI, FL 33122

**New Principal Place of Business:**

2500 NW 97 AVE  
SUITE 202  
DORAL, FL 33172

**Current Mailing Address:**

7910 N.W. 25TH ST., STE. 206  
MIAMI, FL 33122

**New Mailing Address:**

2500 NW 97 AVE  
SUITE 202  
DORAL, FL 33172

**FEI Number:** 65-0970685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YARA, JORGE  
7910 N.W. 25TH ST., STE. 206  
MIAMI, FL 33122 US

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

YARA, JORGE  
2500 NW 97 AVE  
SUITE 202  
DORAL, FL 33172 US

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: JORGE YARA

06/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: YARA, JORGE  
Address: 2500 NW 97 AVE SUITE 202  
City-St-Zip: DORAL, FL 33172

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 YARA

PD

06/13/2012

Electronic Signature of Signing Officer or Director

Date