

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000056503

Entity Name: SHARP INSURANCE AGENCY, INC.

**FILED**  
**Aug 09, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

900 W 49TH STREET  
STE 508  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

900 W 49TH STREET  
STE 508  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-1018684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, HELEONEL  
900 W 49TH STREET  
STE 508  
HIALEAH, FL 33012 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: PD ( ) Delete  
Name: GONZALEZ, CLAUDIA L  
Address: 900 W 49TH STREET STE 508  
City-St-Zip: HIALEAH, FL 33012

Title: VD ( ) Delete  
Name: GONZALEZ, HELEONEL  
Address: 900 W 49TH STREET STE 508  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: ALFONSO, ELIO  
Address: 51 WEST 63 STREET  
City-St-Zip: HIALEAH, FL 33012 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELEONEL GONZALEZ

VP

08/09/2005

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

\_\_\_\_\_  
Date