

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057703

FILED
Feb 06, 2009
Secretary of State

Entity Name: AMBERT INSURANCE AGENCY, INC.

Current Principal Place of Business:

4410 WEST 16TH AVE
25
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4410 WEST 16TH AVE
25
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1023304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIA, ANNIA
4410 WEST 16TH AVE
SUITE 25
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

MENES, ANNIA M P
4410 WEST 16TH AVE
SUITE 25
HIALEAH, FL 33012 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: AM

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL POZO, ANNIA M
Address: 4410 WEST 16TH AVE # 25
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: INFANTE, JORGE
Address: 1030 JANN AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: T () Delete
Name: MENES, LUIS
Address: 18000 NW 68 AVE - APT 115
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENES, ANNIA M
Address: 4410 WEST 16TH AVE # 25
City-St-Zip: HIALEAH, FL 33012

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AM

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date