2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

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Entity Name: AMBERT INSURANCE AGENCY, INC.

Current Principal Place of Business:

3715 W 16 AVE
13
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3715 W 16 AVE
13
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:

MENES, ANNIA M P
4410 WEST 16TH AVE
SUITE 25
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: PDS
Name: MENES, LUIS
Address: 18000 NW 68 AVE #115
City-St-Zip: MIAMI, FL 33015

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

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

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: LUIS MENES PDS 03/08/2011

Electronic Signature of Signing Officer or Director Date