

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000104

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** ARCENTALES INSURANCE, INC.

**Current Principal Place of Business:**

5781 LEE BLVD.  
SUITE 305  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

6810 SHOPPES AT PLANTATION DR  
SUITE 10  
FORT MYERS, FL 33912

**Current Mailing Address:**

5781 LEE BLVD.  
SUITE 305  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

6810 SHOPPES AT PLANTATION DR  
SUITE 10  
FORT MYERS, FL 33912

**FEI Number:** 65-1064674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARCENTALES, MICHAEL A  
5781 LEE BLVD.  
SUITE 305  
LEHIGH ACRES, FL 33971 US

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

ARCENTALES, MICHAEL A  
6810 SHOPPES AT PLANTATION DRIVE  
SUITE 10  
FORT MYERS, FL 33912 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: MIKE ARCENTALES

02/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PO  
Name: ARCENTALES, MIKE  
Address: 6810 SHOPPES AT PLANTATION DRIVE  
City-St-Zip: FORT MYERS, FL 33912

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: MIKE ARCENTALES

PRES

02/26/2011

Electronic Signature of Signing Officer or Director

Date