

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005944

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** D'GONZALEZ INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13639 SW 26 ST  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

4051 SW 96TH AVENUE  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 04-3589130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, DAYSE  
8897 FOUNT. BLVD APT 406  
MIAMI, FL 33172 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: PSD  
Name: GONZALEZ, DAYSE  
Address: 8897 FOUNT. BLVD APT 406  
City-St-Zip: MIAMI, 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: DAYSE GONZALEZ

PSD

03/27/2012

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

\_\_\_\_\_  
Date