2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015070

1. Entity Name
GILDA S. CHAVEZ INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
11461 S.W. 40TH STREET MIAMI, FL 33165	11461 S.W. 40TH STREET MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

FILED

Apr 20, 2007 08:00 AM

Secretary of State

04132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0736263	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, GILDA S
12020 S.W. 51ST STREET
MIAMI, FL 33175

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
Prs. Gilda Chavez   4/15/07
DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAVEZ, GILDA S
STREET ADDRESS	11461 S.W. 40TH STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80030-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   Prs. Gilda Chavez   4/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #