
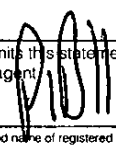



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90063 004 ***150.00

DOCUMENT # P02000117232 1. Entity Name PETER F. BACALLAO INSURANCE AGENCY, INC.					
Principal Place of Business 2500 N.W. 107TH AVENUE SUITE 206 MIAMI, FL 33172			Mailing Address 2500 N.W. 107TH AVENUE SUITE 206 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 4291 N.W. 107 Ave			3. Mailing Address 4291 N.W. 107 Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Doral FL			City & State Doral FL		
Zip 33178		Country U.S.A.		Zip 33178	
Country U.S.A.		4. FEI Number 16-1636507			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BACALLAO, PETER F 7115 SW 109 TERR. MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/8/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BACALLAO, PETER F 7115 SW 109 TERR. MIAMI, FL 33156		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3/5/08 Daytime Phone: #					

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4. FEI Number
16-1636507

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACALLAO, PETER F
7115 SW 109 TERR.
MIAMI, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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MIAMI, FL 33156

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #