

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133196

Entity Name: OLIVARES INSURANCE, INC.

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

6414 MALELEUCA LN
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6414 MALELEUCA LN
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 51-0438631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, STEFFANI T
168 WOODLAKE CIR
GREENACRES, FL 33463 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: PST
Name: OLIVARES, MYRIAM
Address: 6414 MALELEUCA LN
City-St-Zip: LAKE WORTH, FL 33463

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: MYRIAM OLIVARES

PST

01/05/2011

Electronic Signature of Signing Officer or Director

Date