

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040770

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** I AND B INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

9835 SUNSET DRIVE, #105  
MIAMI, FL 33173

**New Principal Place of Business:**

3250 NE 1ST AVE #305  
MIAMI, FL 33137

**Current Mailing Address:**

9835 SUNSET DRIVE, #105  
MIAMI, FL 33173

**New Mailing Address:**

3250 NE 1ST AVE #305  
MIAMI, FL 33137

**FEI Number:** 06-1695789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRIGOYEN, LETICIA C  
9835 SUNSET DR #105  
MIAMI, FL 33173 US

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

IRIGOYEN, LETICIA C  
3250 NE 1ST AVE #305  
MIAMI, FL 33137 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:

04/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LETICIA CARRILLO IRIGOYEN  
Address: 3250 NE 1ST AVE #305  
City-St-Zip: MIAMI, FL 33137

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: LETICIA CARRILLO IRIGOYEN

PTD

04/27/2011

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

\_\_\_\_\_  
Date