

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113032

FILED
Apr 08, 2009
Secretary of State

Entity Name: GL FIGUEREDO INSURANCE AGENCY, INC.

Current Principal Place of Business:

7950 W. FLAGLER ST., #103
MIAMI, FL 33144

New Principal Place of Business:

7950 W. FLAGLER ST.
STE#103
MIAMI, FL 33144

Current Mailing Address:

7950 W. FLAGLER ST., #103
MIAMI, FL 33144

New Mailing Address:

7950 W. FLAGLER ST.
STE#103
MIAMI, FL 33144

FEI Number: 20-0288625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEREDO, GUSTAVO L
7000 SW 110 TERR.
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FIGUEREDO, GUSTAVO L
Address: 7000 SW 110 TERR.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GUSTAVO L FIGUEREDO

PRES

04/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date