

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125091

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** PRONTO ALL INSURANCE SERVICES #1 INC

**Current Principal Place of Business:**

329 WEST PALM DRIVE  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

329 WEST PALM DRIVE  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 54-2132205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERO, EDWIN  
329 WEST PALM DRIVE  
FLORIDA CITY, FL 33034 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVERO, EDWIN  
Address: 329 WEST PALM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP  
Name: RIVERO, EDWIN M  
Address: 329 WEST PALM DRIVE  
City-St-Zip: FLORIDA CITY, FL 33034

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:** EDWIN G RIVERO

P

05/01/2010

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

\_\_\_\_\_  
Date