

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049573

Entity Name: POMALES INSURANCE, INC.

FILED
Mar 16, 2011
Secretary of State

Current Principal Place of Business:

430 STATE RD 436 STE 102
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

430 STATE RD 436 STE 102
CASSELBERRY, FL 32707

New Mailing Address:

430 STATE RD 436 STE 212
CASSELBERRY, FL 32707

FEI Number: 20-0837953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMALES, LUIS A
312 FEATHER PL
LONGWOOD, FL 32779 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: PRES
Name: POMALES, LUIS A
Address: 312 FEATHER PL
City-St-Zip: LONGWOOD, FL 32779

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: LUIS A. POMALES

CEO

03/16/2011

Electronic Signature of Signing Officer or Director

Date