

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 031 ***150.00

DOCUMENT # P04000061470

1. Entity Name
M CUERVO INSURANCE GROUP, INC.



Principal Place of Business
**15927 BISCAYNE BLVD
AVENTURA, FL 33160**

Mailing Address
**15927 BISCAYNE
AVENTURA, FL 33160**

40111470



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1030193

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUERVO, MANUEL J.
15927 BISCAYNE BLVD
AVENTURA, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)
Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUERVO, MANUEL JOSE 15927 BISCAYNE BLVD AVENTURA, FL 33160
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

**A-25-07 305-
9347622**