

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005207

FILED  
Apr 11, 2012  
Secretary of State

Entity Name: LEGRA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

323 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

323 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 20-2151357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEGRA, ANA M  
2301 S. OCEAN DR.  
APT # 208  
HOLLYWOOD, FL 33019 US

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

LEGRA BOUDY, ANA M  
2301 S. OCEAN DR.  
APT # 208  
HOLLYWOOD, FL 33019 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: ANA M LEGRA BOUDY

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEGRA, ANA M  
Address: 323 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: BOUDY, CARLOS G  
Address: 323 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE, FL 33009

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: ANA M LEGRA BOUDY

D

04/11/2012

Electronic Signature of Signing Officer or Director

Date