

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072217

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** MINNILLO INSURANCE GROUP, INC.

**Current Principal Place of Business:**

4851 W HILLSBORO BLVD  
A10  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

18450 PINES BLVD  
104  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

4851 W HILLSBORO BLVD  
A10  
COCONUT CREEK, FL 33073

**New Mailing Address:**

18450 PINES BLVD  
104  
PEMBROKE PINES, FL 33029

**FEI Number:** 56-2521174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, MARCIE  
15331 NW 4TH STREET  
PEMBROKE PINES, FL 33028 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: V  
Name: MARTINEZ, MARCIE  
Address: 15331 NW 4TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P  
Name: MARTINEZ, ERNESTO  
Address: 15331 NW 4TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

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: MARCIE MARTINEZ

VP

03/02/2012

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

\_\_\_\_\_  
Date