2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P05000140866

Entity Name: SKYLINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

809 S.W 8 STREET
SUITE # 204
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

645 SW 7 COURT
MIAMI, FL 33130

New Mailing Address:

FEI Number: 83-0445061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTOYA, LILIANA
645 SW 7 COURT
MIAMI, FL 33130 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: P
Name: MONTOYA, FABIOLA
Address: 645 SW 7 COURT
City-St-Zip: MIAMI, FL 33130

Title: VP
Name: MONTOYA, LILIANA
Address: 645 SW 7 COURT
City-St-Zip: MIAMI, FL 33130

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: FABIOLA MONTOYA PRES 05/01/2012
Electronic Signature of Signing Officer or Director Date