

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000032416

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** ROXANA SOTO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8874 CORAL WAY  
MIAMI, FL 33165

**New Principal Place of Business:**

8230 CORAL WAY  
MIAMI, FL 33155

**Current Mailing Address:**

8874 CORAL WAY  
MIAMI, FL 33165

**New Mailing Address:**

8230 CORAL WAY  
MIAMI, FL 33155

**FEI Number:** 20-4435838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOTO, ROXANA  
8874 CORAL WAY  
MIAMI, FL 33165 US

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

SOTO, ROXANA  
8230 CORAL WAY  
MIAMI, FL 33155 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/26/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOTO, ROXANA  
Address: 265 NW 64 AVENUE  
City-St-Zip: MIAMI, FL 33126

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: ROXANA SOTO

P

03/26/2011

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

\_\_\_\_\_  
Date