

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000109391

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** YOUR OPTIONS INSURANCE, INC.

**Current Principal Place of Business:**

882 SW 70 AVENUE  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

882 SW 70 AVENUE  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-5478816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATILLA, PABLO A  
882 S.W. 70 AVENUE  
MIAMI, FL 33144 US

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

ALVAREZ, AMADO A  
8861 SW 131ST STREET  
MIAMI, FL 33176 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:** AMADO ALAN ALVAREZ

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MATILLA, PABLO A  
**Address:** 882 SW 70TH AVENUE  
**City-St-Zip:** MIAMI, FL 33144

**Title:** VP  
**Name:** CAMEJO, MARLENE  
**Address:** 882 SW 70TH AVENUE  
**City-St-Zip:** MIAMI, FL 33144

**Title:** S  
**Name:** REYES, CARMEN ROSA  
**Address:** 882 SW 70TH AVE  
**City-St-Zip:** MIAMI, FL 33144

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:** PABLO ALAN MATILLA

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date