## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

| DOCUMENT # P06000146104  1. Entity Name CUENCAS INSURANCE SERVICES, INC.  |  |  |   | 05-02-2007 90055 036 ***150.00                     |                               |   |  |
|---|--|--|---|--|-------------------------------|---|--|
| Principal Plac  | e of Business  | Mailing Address                          |   | 1  |                               |   |  |
| 1823 N OLIV   |  | 1823 N OLIVA DRIVE                       |   | سيدي رزا   | e re i f                      |   |  |
| AVON PARK, FL 33825 AVON PARK, FL 33825   |  |  |   | ·.   |                               |   |  |
|   |  | ,  | •   |  |                               |   |  |
|   |  |  |   |  |                               |   |  |
| WELL SR LIVE  |  | 3. Mailing Address                       |   |  |                               |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |  | 04242007 Ch   | g-P CR2E03   | 4 (12/06)                     |   |  |
| City & State City & State   |  |  | 4. El Number  | <u>स्था</u>  | Applied For<br>Not Applicable |   |  |
| Zip   | Country  | Zip                                      | Country   | 5. Certificate of Status                           |                               | 8.75 Additional   |  |
| 350   | 6. Name and Address of Current F                           | Pagistared Agent                         |   |  | s of New Registered A         | ee Required   |  |
|   | 6. Name and Address of Current                             | registered Agent                         | Name  | 7. Name and Addres                                 | s of New Registered A         | jent  |  |
| CUENCAS   | S, LORIMAR   |  |   |  |                               |   |  |
|   | IVA DRIVE  |  | Street Address (  | Street Address (P.O. Box Number is Not Acceptable) |                               |   |  |
| AVON PAI  | RK, FL 33825   |  |   |  |                               |   |  |
| ·   |  |  | City  | FL Zip Code  |                               |   |  |
| 8. The above  | named entity submits this statement for                    | the purpose of changing its reg          | jistered office or registe  | red agent, or both, in the                         |                               | imiliar with, and accept                                    |  |
| the obligat   | ions of registered agent.                                  |  |   |  |                               |   |  |
| SIGNATURE.  | Signature, typed or printed name of registered agent a     | and title if applicable (MOTE: Pe        | gistered Agent signature requires   | Suban rainetaina\                                  | DATE                          | <del></del>   |  |
|   | Signature, types or printed harrie or registered agent a   | int the happinessie. (NOTE, he           | firsteren wheat silingithe tertiner   | o when reinstating/                                | DATE                          | <del></del>   |  |
| FiL<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.0 | 9. Election Campaign Trust Fund Contribu |   | .00 May Be<br>led to Fees                          |                               |   |  |
| 10.   | OFFICERS AND I   | DIRECTORS                                | 11.   | ADDITIONS/CHANG                                    | ES TO OFFICERS AND I          | DIRECTORS IN 11   |  |
| TITLE   | HESIDENT   | ☐ Delete                                 | TITLE   |  |                               | ☐ Change ☐ Addition   |  |
| NAME  | Librium Crence   |  | NAME  |  |                               |   |  |
| STREET ADDRESS<br>CITY+ST+ZIP   | EXAMPERATE   | 2390 5                                   | STREET ADDRESS<br>CITY-ST-ZIP   |  |                               |   |  |
|   | THE PORT OF  |  | GITT-ST-ZIT   |  |                               |   |  |
| TITLE<br>NAME   | 4105 64 50 18 ×  |  |   |  |                               |   |  |
| STREET ADDRESS  |  | ☐ Delete                                 | FITLE<br>NAME   |  |                               | Change Addition   |  |
| STREET ADDITION   | GBN/ONACO  | n  | TITLE NAME STREET ADDRESS   |  |                               | ☐ Change ☐ Addition   |  |
| CITY-ST-ZIP   | 1888HOWAD  | n  | NAME  |  |                               | ☐ Change ☐ Addition   |  |
|   |  |  | NAME<br>STREET ADDRESS  |  |                               | ☐ Change ☐ Addition☐ Change ☐ Addition☐                     |  |
| CITY-ST-ZIP TITLE NAME  |  | 6 <del>88</del> 88                       | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |  |                               |   |  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS   |  | 6 <del>88</del> 88                       | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |  |                               |   |  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | <b>2</b>                                 | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                               | ☐ Change ☐ Addition   |  |
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysime Phone #