

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018016

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** PRACTICAL INSURANCE CORP.

**Current Principal Place of Business:**

2955 SW 8TH STREET  
102  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

8251 NW 15 STREET  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 20-8410778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LUNA, DANIELA A  
8251 NW 15 STREET  
PEMBROKE PINES, FL 33024 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LUNA, DANIELA A  
**Address:** 8251 NW 15 STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** VP  
**Name:** LUNA, MIGUEL J  
**Address:** 8251 NW 15 STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** ST  
**Name:** NARVAEZ, CARLOS  
**Address:** 2871 SW 36TH AVE.  
**City-St-Zip:** MIAMI, FL 33133 US

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: MIGUEL-JOSE LUNA

VP

04/09/2010

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

\_\_\_\_\_  
Date