

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018016

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** PRACTICAL INSURANCE CORP.

**Current Principal Place of Business:**

8251 NW 15TH ST.  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

8251 NW 15TH ST.  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUNA, DANIELA C  
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

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 J. LUNA

VP

04/20/2012

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

\_\_\_\_\_ Date