

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018527

Entity Name: VIZON INSURANCE CORP

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

3364 LAKE WORTH RD  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

3364 LAKE WORTH RD  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

FEI Number: 45-0550307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUZ, AMADA M  
5255 W 26 CT  
HIALEAH, FL 33016 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: RUZ, AMADA M  
Address: 5255 W 26 CT  
City-St-Zip: HIALEAH, FL 33016 US

Title: A  
Name: MOLINA, FERNANDO  
Address: 2402 N DIXIE HWY SUITE 4  
City-St-Zip: LAKE WORTH, FL 33460

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: AMADA M RUZ

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

AGEN

03/08/2011

\_\_\_\_\_  
Date