

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000025507

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** GENERAL INSURANCE GROUP, CORP.

**Current Principal Place of Business:**

10350 SW 64 ST.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10350 SW 64 ST.  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 20-8532117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTIL-LAS, AGUSTIN  
10350 SW 64 ST.  
MIAMI, FL 33173 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: DP  
Name: ESTIL-LAS, AGUSTIN  
Address: 10350 SW 64 ST.  
City-St-Zip: MIAMI, FL 33173

Title: DV  
Name: ESTIL-LAS, MARLENE  
Address: 10350 SW 64 ST.  
City-St-Zip: MIAMI, FL 33173

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: AGUSTIN ESTILOLAS

PRES

05/04/2011

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

\_\_\_\_\_  
Date