

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039538

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** E.ECHEVERRIA INSURANCE SERVICES INC.

**Current Principal Place of Business:**

1380 ST RD. 60 EAST  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

1380 ST RD. 60 EAST  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 20-8745303      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ECHEVERRIA, ESTHER  
1114 YARNELL AVE  
LAKE WALES, FL 33853 US

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

ECHEVERRIA, ESTHER  
1019 NAES LANE  
LAKE WALES, FL 33853 US

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:** ESTHER ECHEVERRIA

01/19/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** ECHEVERRIA, ESTHER  
**Address:** 1380 ST RD. 60 EAST  
**City-St-Zip:** LAKE WALES, FL 33853 US

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** VP ( ) Change (X) Addition  
**Name:** ECHEVERRIA, JULIO C  
**Address:** 1019 NAES LANE  
**City-St-Zip:** LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** JULIO C ECHEVERRIA

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date