

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039538

FILED  
Jan 06, 2012  
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  
1019 NAES LANE  
LAKE WALES, FL 33853 US

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

ECHEVERRIA, ESTHER  
1380 ST RD. 60 EAST  
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

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: ECHEVERRIA, ESTHER  
Address: 1380 ST RD. 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

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: ESTHER ECHEVERRIA

V

01/06/2012

Electronic Signature of Signing Officer or Director

Date