

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090498

Entity Name: INSURANCE POINTE, INC

FILED
Apr 23, 2011
Secretary of State

Current Principal Place of Business:

770 PONCE DE LEON BLVD, STE 307
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

770 PONCE DE LEON BLVD, STE 307
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-0706085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN K. BAIRD, P.A.
5981 NE 6TH AVENUE
MIAMI, FL 33137 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: PTD
Name: MARTINEZ, RAFAEL
Address: 770 PONCE DE LEON BLVD, STE 307
City-St-Zip: CORAL GABLES, FL 33134

Title: S
Name: BARBA, MAURICIO J
Address: 770 PONCE DE LEON BLVD, STE 307
City-St-Zip: CORAL GABLES, FL 33134

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: RAFAEL MARTINEZ

P

04/23/2011

Electronic Signature of Signing Officer or Director

Date