

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000100191

**Entity Name:** BGL INSURANCE AGENCY INC

**FILED**  
**Aug 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1615 N. HIATUS RD.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1615 N. HIATUS RD.  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 26-1105132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIMENTEL, LUIS US  
1431 N PALM AVE  
PEMBROKE PINES, FL 33026 US

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

BELKIS, GARCIA  
1615 N. HIATUS RD  
PEMBROKE PINES, FL 33026 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: BELKIS GARCIA

08/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARCIA, BELKIS MRS  
Address: 1431 N PALM AVE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: MANR  
Name: PIMENTEL, LUIS JR  
Address: 1615 N. HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T  
Name: PIMENTEL, LISBETH  
Address: 1615 N. HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

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: BELKIS GARCIA

PRE

08/29/2011

Electronic Signature of Signing Officer or Director

Date