

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000008619

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** OSCARIZ INSURANCE GROUP CORP.

**Current Principal Place of Business:**

335 W 61 STREET  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

335 WEST 61ST STREET  
HIALEAH, FL 33012 US

**Current Mailing Address:**

335 W 61 STREET  
HIALEAH, FL 33012 US

**New Mailing Address:**

335 WEST 61ST STREET  
HIALEAH, FL 33012 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

OSCARIZ, CARMEN E  
335 W 61 STREET  
HIALEAH, FL 33012 US

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

OSCARIZ, CARMEN E  
335 WEST 61ST STREET  
HIALEAH, FL 33012 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: CARMEN E OSCARIZ

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OSCARIZ, CARMEN E  
Address: 335 WEST 61ST STREET  
City-St-Zip: HIALEAH, FL 33012 US

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: CARMEN E OSCARIZ

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date