

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021174

FILED
Apr 25, 2011
Secretary of State

Entity Name: L.A. INSURANCE AGENCY FL5, INC.

Current Principal Place of Business:

9000A S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

9000A S. ORANGE BLOSSOM TRAIL.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-1195601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, ALLAN
9000A S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 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: DPS
Name: EZELL, ALLAN
Address: 9000A S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

Title: DT
Name: MARTINEZ, YARILYS
Address: 9000A S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

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: ALLAN EZELL

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04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date