

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 27, 2009  
Secretary of State**

DOCUMENT# P08000023321

Entity Name: ARMANDO E. AVILA INSURANCE AGENCY INC.

**Current Principal Place of Business:**

3036 GRIFFIN ROAD  
UNIT 4  
DANIA BEACH, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

20818 SAN SIMEON WAY  
UNIT 107  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 42-1758595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AVILA, ARMANDO  
3036 GRIFFIN ROAD  
UNIT 4  
DANIA BEACH, FL 33312 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AVILA, ARMANDO  
Address: 3036 GRIFFIN ROAD #4  
City-St-Zip: DANIA BEACH, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARMANDO E. AVILA

PD

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date