

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050832

FILED
May 08, 2009
Secretary of State

Entity Name: FRADYN SUAREZ INSURANCE AGENCY, INC.

Current Principal Place of Business:

3750 W. FLAGLER STREET
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3750 W. FLAGLER STREET
MIAMI, FL 33134 US

New Mailing Address:

PO BOX 140277
MIAMI, FL 33114 US

FEI Number: 26-2722570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUAREZ, FRADYN
3750 W. FLAGLER STREET
MIAMI, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, FRADYN
Address: P.O. BOX 140277
City-St-Zip: CORAL GABLES, FL 33114 US

Title: VP () Delete
Name: SUAREZ, FRADYN
Address: C/O MAYER BROWN, LLP, 71 S. WACKER DR.
City-St-Zip: CHICAGO, IL 60606 US

Title: VP () Delete
Name: SUAREZ, RAMON A JR.
Address: 1406 GENOA STREET
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRADYN SUAREZ

P

05/08/2009

Electronic Signature of Signing Officer or Director

Date