

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000070478

**FILED**  
**May 22, 2012**  
**Secretary of State**

**Entity Name:** DEL BOCA VISTA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6901 SW 18TH ST SUITE 203E  
BOCA RATON, FL 33433

**New Principal Place of Business:**

20166 PALM ISLAND DRIVE  
BOCA RATON, FL 33498

**Current Mailing Address:**

20166 PALM ISLAND DR.  
BOCA RATON, FL 33498

**New Mailing Address:**

20166 PALM ISLAND DRIVE  
BOCA RATON, FL 33498

**FEI Number:** 26-3073737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARONE, ALEXANDRA  
20166 PALM ISLAND DR.  
BOCA RATON, FL 33498 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: P  
Name: BARONE, ALEXANDRA  
Address: 20166 PALM ISLAND DR  
City-St-Zip: BOCA RATON, FL 33498

Title: P  
Name: TATUM, LINDA A  
Address: 22600 SW 6TH ST.  
City-St-Zip: BOCA RATON, FL 33433

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: ALEXANDRA BARONE

P

05/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date