2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P08000092922

Entity Name: VEGA INSURANCE OF TAMPA INC.

Current Principal Place of Business:

8019 N. HIMES AVE.
100
TAMPA, FL 33614

New Principal Place of Business:

8019 N. HIMES AVE.
100
TAMPA, FL 33614 US

Current Mailing Address:

8019 N. HIMES AVE
100
TAMPA, FL 33614

New Mailing Address:

8019 N HIMES AVE
STE 100
TAMPA, FL 33614 US

FEI Number: 26-3606220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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, D
Name: VEGA, LUIS
Address: 8019 N. HIMES AVE., STE. 100
City-St-Zip: TAMPA, FL 33614

Title: S, T
Name: VEGA, LUIS
Address: 8019 N. HIMES AVE., STE. 100
City-St-Zip: TAMPA, FL 33614

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: LUIS VEGA P.D 04/30/2012

Electronic Signature of Signing Officer or Director Date