

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000098821

**Entity Name:** ELCI CEBALLOS INSURANCE , CORP.

**FILED**  
**May 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1108 NORMANDY DR  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

1108 NORMANDY DR  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 26-3661282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CEBALLOS, ELCIDA  
11531 SW 5TH STREET  
MIAMI, FL 33174 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: CEBALLOS, ELCIDA  
Address: 11531 SW 5TH STREET  
City-St-Zip: MIAMI, FL 33174 US

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: ELCIDA CEBALLOS

Electronic Signature of Signing Officer or Director

PRES

05/18/2011

Date