

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000103554

Entity Name: MIA INSURANCE GROUP, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8501 SW 124TH AVE  
105  
MIAMI, FL 33183

## **New Principal Place of Business:**

## **Current Mailing Address:**

1717 N BAYSHORE DR  
2239  
MIAMI, FL 33132

## **New Mailing Address:**

8501 SW 124TH AVE  
105  
MIAMI, FL 33183

FEI Number: 26-3835840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FITZMAURICE, CIARAN J  
1717 N BAYSHORE DRIVE  
2239  
MIAMI, FL 33132 US

## **Name and Address of New Registered Agent:**

LOPEZ, JORGE L  
8580 NW 5TH TERRACE  
5  
MIAMI, FL 33126 US

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: JORGE L LOPEZ

04/29/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: LOPEZ, JORGE L  
Address: 8580 NW 5TH TERRACE APT #5  
City-St-Zip: MIAMI, FL 33126 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: JORGE L LOPEZ

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date