

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000035119

Entity Name: LIMA INSURANCE, CORP.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

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

950 NW 22 AVE  
MIAMI, FL 33125

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

2050 CORAL WAY  
SUITE # 204  
MIAMI, FL 33145

## **Current Mailing Address:**

950 NW 22 AVE  
MIAMI, FL 33125

## **New Mailing Address:**

PO BOX 451438  
MIAMI, FL 33245

FEI Number: 90-0472738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIMA, LY  
950 NW 22 AVE  
MIAMI, FL 33125 US

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

LIMA, LY  
2050 CORAL WAY  
SUITE # 204  
MIAMI, FL 33145 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: LY LIMA

04/24/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: LIMA, LY  
Address: 2050 CORAL WAY SUITE # 204  
City-St-Zip: MIAMI, FL 33145

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: LY LIMA

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date