

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000041940

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

**Entity Name:** ENCARNACION INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

8218 WILES RD  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

8218 WILES RD  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 80-0404234      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

ENCARNACION, ALICE C  
8218 WILES RD  
CORAL SPRINGS, FL 33067 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: ALICE ENCARNACION

Electronic Signature of Registered Agent

01/29/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ENCARNACION, ALICE C  
Address: 6604 BLUE BAY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467 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: ALICE ENCARNACION

Electronic Signature of Signing Officer or Director

PRES

01/29/2011

Date