2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P09000047115

Entity Name: CLAUDIA'S INSURANCE, INCORPORATED

Current Principal Place of Business:

18901 SW 106 AVE
UNIT 132A
MIAMI, FL 33157 US

New Principal Place of Business:

CLAUDIAS INSURANCE, INC.
UNIT 132A
MIAMI, FL 33157 US

Current Mailing Address:

18901 SW 106 AVE
UNIT 132A
MIAMI, FL 33157 US

New Mailing Address:

CLAUDIAS INSURANCE, INC.
UNIT 132A
MIAMI, FL 33157 US

FEI Number: 27-0261294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, CLAUDIA M
18901 SW 106 AVE
UNIT 132A
MIAMI, FL 33157 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: GOMEZ, CLAUDIA M
Address: 18901 SW 106 AVE UNIT 132 A
City-St-Zip: MIAMI, FL 33157

Title: VP
Name: GIL, IVONA
Address: 18901 SW 106 AVE UNIT 132A
City-St-Zip: MIAMI, FL 33157

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: CLAUDIA GOMEZ PRES 02/22/2011

Electronic Signature of Signing Officer or Director Date