2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000047321

Title: Name:

Address: City-St-Zip: JIMENEZ, MELISSA A 5405 SW 135 CT.

MIAMI, FL 33175

Entity Name: MELISSA A JIMENEZ INSURANCE AGENCY, INC.

FILED Mar 30, 2011 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
1003 SW 27TH AVE. MIAMI, FL 33135			247 SW 8 ST. #65 MIAMI, FL 33130		
Current Mailing Address:			New Mailing Address:		
1003 SW 27TH AVE. MIAMI, FL 33135			247 SW 8 ST. #65 MIAMI, FL 33130		
FEI Number:	: 27-0290353	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
5405 SW 1 MIAMI, FL	33175 US	submits this statement for the r	ournose of changing its registered	office or registered agent, or both,	
	e of Florida.	submits this statement for the p	outpose of changing its registered	office of registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Age			ent	Date	
OFFICERS	S AND DIREC	TORS:			
Title: Name: Address: City-St-Zip:	P JIMENEZ, MELISSA A 5405 SW 135 CT. MIAMI, FL 33175				
Title: Name: Address: City-St-Zip:	VP JIMENEZ, MEL 5405 SW 135 C MIAMI, FL 331	CT.			

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: MELISSA A. JIMENEZ P 03/30/2011