

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061564

**FILED**  
**Jul 13, 2010**  
**Secretary of State**

**Entity Name:** RED ZONE INSURANCE GROUP CORP

**Current Principal Place of Business:**

15160 SW 136 ST.  
SUITE 14  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15160 SW 136 ST.  
SUITE 14  
MIAMI, FL 33196

**New Mailing Address:**

**FEI Number:** 27-0588514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALVAREZ, NOELBIS  
1131 NW 26 AVE ROAD  
MIAMI, FL 33125 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: ALVAREZ, NOELBIS  
Address: 1131 NW 26 AVE ROAD  
City-St-Zip: MIAMI, FL 33125

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: NOELBIS ALVAREZ

P

07/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date