

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000048732

FILED  
Apr 15, 2011  
Secretary of State

Entity Name: HONESTY TRUST INSURANCE, INC

## Current Principal Place of Business:

9500 NW 77 AVENUE  
SUITE 25  
HIALEAH GARDENS, FL 33016 US

## New Principal Place of Business:

428 E 49 STREET  
HIALEAH, FL 33010 US

## Current Mailing Address:

9500 NW 77 AVENUE  
SUITE 25  
HIALEAH GARDENS, FL 33016 US

## New Mailing Address:

428 E 49 STREET  
HIALEAH, FL 33013 US

FEI Number: 27-2867340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABEZA, SILVIA  
9500 NW 77 AVENUE  
SUITE 25  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

CABEZAS, SILVIA  
428 E 49 STREET  
HIALEAH, FL 33013 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: SILVIA CABEZAS

04/15/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: CABEZAS, SILVIA  
Address: 428 E 49 STREET  
City-St-Zip: HIALEAH, FL 33013 US

Title: VP  
Name: RODRIGUEZ, ARLENE  
Address: 9500 NW 77 AVENUE STE 25  
City-St-Zip: HIALEAH GARDENS, FL 33016 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: SILVIA CABEZAS

PRES

04/15/2011

Electronic Signature of Signing Officer or Director

Date