

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072213

**FILED**  
**Sep 13, 2011**  
**Secretary of State**

**Entity Name:** VACAS FLORIDA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

10486 S.W. 72ND ST.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10486 S.W. 72ND ST.  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 27-3430344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VACAS, JAVIER  
8767 SW 5 TERR  
MIAMI, FL 33174 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: PD  
Name: VACAS, JAVIER  
Address: 8767 SW 5 TERR  
City-St-Zip: MIAMI, FL 33174

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: JAVIER VACAS

MR.

09/13/2011

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

\_\_\_\_\_  
Date