

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000081972

Entity Name: RENEW INSURANCE, INC

**FILED**  
**Aug 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7317 NW 36TH ST  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

7317 NW 36TH ST  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 27-3640610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MLP FINANCIAL GROUP, INC  
4005 NW 114TH AVE  
5  
DORAL, FL 33178 US

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

GOMEZ, MARIZA M  
7317 NW 36 ST  
MIAMI, FL 33166 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: MARIZA M GOMEZ

08/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: GOMEZ, MARIZA  
Address: 2521 SW 23RD ST  
City-St-Zip: MIAMI, FL 33145

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: MARIZA M GOMEZ

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08/12/2011

Electronic Signature of Signing Officer or Director

Date