

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100416

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** AMIGO INSURANCE & ASSOCIATES, INC.

**Current Principal Place of Business:**

8300 NW 53RD STREET  
SUITE 350  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8300 NW 53RD STREET  
SUITE 350  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 27-4343628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THE LAW OFFICES OF MARTINEZ & ASSOCIATES PA  
815 PONCE DE LEON BLVD.  
212  
CORAL GABLES, FL 33134 US

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

MUNOZ, JUAN J  
8300 NW 53RD ST  
350  
DORAL, 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: JUAN J MUNOZ

05/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUNOZ, JUAN  
Address: 8300 NW 53RD STREET SUITE 350  
City-St-Zip: DORAL, FL 33166 US

Title: T  
Name: GARCIA, WILLIAM  
Address: 8300 NW 53RD STREET SUITE 350  
City-St-Zip: DORAL, FL 33166 US

Title: VP/S  
Name: PEREZ, PILAR MARIA  
Address: 8300 NW 53RD STREET SUITE 350  
City-St-Zip: DORAL, FL 33166

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: JUAN MUNOZ

P

05/03/2011

Electronic Signature of Signing Officer or Director

Date