

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100416

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4234 SW 152 AVENUE #118  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

4234 SW 152 AVENUE #118  
MIAMI, FL 33185 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:**

MUNOZ, JUAN J  
4234 SW 152 AVENUE #118  
MIAMI, FL 33185 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:** 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:** WILLIAM GARCIA

P

04/05/2012

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

\_\_\_\_\_  
Date