

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000098541

Entity Name: MCJ INSURANCE INC

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1220 16 AVE NORTH  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1220 16 AVE NORTH  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 45-3823421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, MAYLIN  
1220 16 AVE NORTH  
LAKE WORTH, FL 33460 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,S  
Name: PEREZ, MAYLIN  
Address: 1220 16 AVE NORTH  
City-St-Zip: LAKE WORTH, FL 33460 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: MAYLIN PEREZ

P

02/16/2012

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

\_\_\_\_\_  
Date