

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107425

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** JAVIER TEJEDA-VERA FIESTA AUTO INSURANCE INC

**Current Principal Place of Business:**

15845 NW 14TH ROAD  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

110448 TAFT STREET  
PEMBROKE PINES, FL 33026 US

**Current Mailing Address:**

15845 NW 14TH ROAD  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

110448 TAFT STREET  
PEMBROKE PINES, FL 33026 US

FEI Number: 45-4071521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TEJEDA-VERA, JAVIER  
15845 NW 14TH ROAD  
MIRAMAR, FL 33028 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: PRES  
Name: TEJEDA-VERA, JAVIER  
Address: 15845 NW 14TH ROAD  
City-St-Zip: PEMBROKE PINES, FL 33028 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: JAVIER TEJEDA-VERA

PRES

02/15/2012

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

\_\_\_\_\_ Date