


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P24043		
1. Entity Name VALOR INSURANCE AGENCY INC.		

Principal Place of Business 15450 NEW BARN RD. MIAMI LAKES, FL 33014	Mailing Address 15450 NEW BARN RD. MIAMI LAKES, FL 33014
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2845677	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ZWIGARD, BRUCE ALBERT 8935 ARVIDA DR CORAL GABLES, FL MIAMI LAKES, FL 33156
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

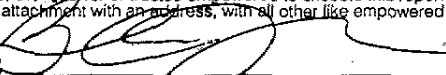
U00000616168  
02/07/07-80017-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZWIGARD, BRUCE A 8935 ARVIDA DR. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ZWIGARD, BRUCE A 8935 ARVIDA DR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZWIGARD, BRUCE A 8935 ARVIDA DR CAROL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



**Bruce A. Zwigard 01/29/07 (305) 557-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #