

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069567

FILED  
Feb 08, 2012  
Secretary of State

Entity Name: INSURANCE NETWORK CENTER, INC.

**Current Principal Place of Business:**

7735 NW 146 ST  
STE 204  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

7735 NW 146 ST  
STE 204  
MIAMI LAKES, FL 33016 US

**New Mailing Address:**

FEI Number: 65-0524536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE GONGORA, LUIS  
7800 NW 161 TERR  
MIAMI LAKES, FL 33016 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: DE GONGORA, LUIS  
Address: 7800 NW 161 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

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: LUIS DE GONGORA

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date