

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092616

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: ALEJANDRO LOPEZ INSURANCE AGENCY INC.

## Current Principal Place of Business:

17140 ROYAL PALM BLVD  
SUITE 3  
WESTON, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

17140 ROYAL PALM BLVD  
SUITE 3  
WESTON, FL 33326 US

## New Mailing Address:

FEI Number: 65-0551246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, ALEJANDRO  
412 COCONUT CIRCLE  
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOPEZ, ALEJANDRO  
Address: 322 INDIAN TRACE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOPEZ, ALEJANDRO  
Address: 17140 ROYAL PALM BLVD STE 3  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALEJANDRO LOPEZ

PRE

01/22/2009

Electronic Signature of Signing Officer or Director

Date