

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092616

FILED  
Feb 06, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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: ALEJANDRO LPEZ

OWNE

02/06/2012

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

\_\_\_\_\_ Date