

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000033607

Entity Name: SOL INSURANCE AGENCY, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1357 SW FLAGLER TERRACE  
MIAMI, FL

**New Principal Place of Business:**

**Current Mailing Address:**

555 E 25 STREET  
111  
HIALEAH, FL 33013

**New Mailing Address:**

FEI Number: 65-0582083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BAPTISTA, AIDA P  
1357 SW FLAGLER TERRACE  
MIAMI, FL 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: DVP  
Name: BAPTISTA, AIDA P  
Address: 1357 SW FLAGLER TERRACE  
City-St-Zip: MIAMI, FL

Title: DP  
Name: BAPTISTA, DANIEL  
Address: 1357 SW FLAGLER TERRACE  
City-St-Zip: MIAMI, FL

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: AIDA P BAPTISTA

DVP

04/25/2011

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

\_\_\_\_\_  
Date