

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000076357

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** AZNAREZ INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2097 SW 67 AVE.  
MIAMI, FL 33155 US

**New Principal Place of Business:**

7172 SW 47 STREET  
MIAMI, FL 33155 US

**Current Mailing Address:**

2097 SW 67 AVE.  
MIAMI, FL 33155 US

**New Mailing Address:**

7172 SW 47 STREET  
MIAMI, FL 33155 US

**FEI Number:** 65-0612937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AZNAREZ, ATTN: IET  
10001 SW 68 ST  
MIAMI, FL 33173 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: PD  
Name: AZNAREZ, ATTN: IET  
Address: 10001 SW 68 ST  
City-St-Zip: MIAMI, FL 33173

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: ATTN: IET AZNAREZ

PRES

04/30/2010

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

\_\_\_\_\_ Date