

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000083981

**Entity Name:** DE ZAYAS INSURANCE OF HIALEAH, CORP.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1570 W. 43 PLACE, STE. 19  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**  
1570 W. 43 PLACE, STE. 19  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-0616413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALVAREZ, RICARDO  
1570 W. 43 PLACE, STE. 19  
HIALEAH, FL 33012 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: ALVAREZ, RICARDO PRES.  
Address: 1570 W. 43 PLACE, STE. 19  
City-St-Zip: HIALEAH, FL 33012

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: RICARDO ALVAREZ

Electronic Signature of Signing Officer or Director

PRES

03/21/2012

Date