2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P97000070520

Entity Name: SGL INSURANCE, INC.

Current Principal Place of Business:

11600 S.W. 69 AVE.
MIAMI, FL 33156

New Principal Place of Business:

11600 S.W. 69 AVE.
MIAMI, FL 33156 UN

Current Mailing Address:

11600 S.W. 69 AVE.
MIAMI, FL 33156

New Mailing Address:

11600 S.W. 69 AVE.
MIAMI, FL 33156 UN

FEI Number: 65-0820355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, SANTIAGO G
11600 S.W. 69 AVE.
MIAMI, FL 33156 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: DVT
Name: LUPARINI, LOVELL L
Address: 11600 SW 69 AVE
City-St-Zip: MIAMI, FL 33156

Title: DPS
Name: LEON, SANTIAGO G
Address: 11600 S.W. 69 AVE.
City-St-Zip: MIAMI, FL 33156

Title: DV
Name: LEON, FRANCISCO R
Address: 11600 SW 69 AVE.
City-St-Zip: MIAMI, FL 33156

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: SANTIAGO LEON PRES 04/25/2012

Electronic Signature of Signing Officer or Director Date