


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000016722 1. Entity Name PADRON INSURANCE AGENCY, INC.	
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Principal Place of Business
**12345 S.W. 42ND STREET
MIAMI, FL 33175**

Mailing Address
**12345 S.W. 42ND STREET
MIAMI, FL 33175**



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1498746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**PADRON, CESAR E
12345 S.W. 42ND STREET
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADRON, CESAR E 12345 S.W. 42ND STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PADRON, MARITZA C 12345 S.W. 42ND STREET MIAMI, FL 33175
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____