

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000004543

Entity Name: F.M.G. INSURANCE CORP.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

932 71 STREET  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

932 71 STREET  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-0901830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUZMAN, FRANK J  
15121 NW 87TH COURT  
HIALEAH, FL 33018 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: PD  
Name: GUZMAN, FRANK J  
Address: 15121 NW 87TH CT.  
City-St-Zip: HIALEAH, FL 33018

Title: VSTD  
Name: GUZMAN, GLORIA M  
Address: 15121 NW 87TH CT.  
City-St-Zip: HIALEAH, FL 33018

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: FRANK GUZMAN

PRES

04/14/2011

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

\_\_\_\_\_  
Date