

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S03176

**FILED**  
**Jul 01, 2010**  
**Secretary of State**

**Entity Name:** MUTUAL INTEREST ASSURANCE, INC.

**Current Principal Place of Business:**

2272 CORAL WAY  
MIAMI, FL 33145 US

**New Principal Place of Business:**

1295 CORAL WAY  
MIAMI, FL 33145 US

**Current Mailing Address:**

2272 CORAL WAY  
MIAMI, FL 33145 US

**New Mailing Address:**

1295 CORAL WAY  
MIAMI, FL 33145 US

**FEI Number:** 65-0228793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIDAL, ESTHER  
2365 SW 2ND ST  
MIAMI, FL 33135 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: VERDURA, ELIZABETH  
Address: 19390 COLLINS AVE, # 819A  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP  
Name: VIDAL, ALICIA MARIA  
Address: 19390 COLLINS AVE, # 1119A  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: ALICIA M. VIDAL

VP

07/01/2010

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

\_\_\_\_\_  
Date