

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08819

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** CHAPLAN AND CASTRO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2552 NW 7 ST  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

2552 NW 7 ST  
MIAMI, FL 33125 US

**New Mailing Address:**

FEI Number: 65-0225139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTRO, MANUEL F  
9961 SW 66 ST  
MIAMI, FL 33173 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: CASTRO, DOLORES  
Address: 233 ROMANO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD  
Name: CASTRO, DOLORES  
Address: 9961 SW 66TH ST  
City-St-Zip: MIAMI, FL 33173

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: DOLORES CASTRO

PRES

01/11/2012

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

\_\_\_\_\_ Date