

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70421

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: OKAY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7293 WEST FLAGLER ST.  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7293 WEST FLAGLER ST.  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0285812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORENO, ALEJANDRO  
15629 SW 36 TERRACE  
MIAMI, FL 33185 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORENO, ALEJANDRO D  
Address: 7293 W. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33144 US

Title: P  
Name: MORENO, ALEJANDRO P  
Address: 7293 W. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33144 US

Title: D  
Name: MORENO, YANAYPHIS D  
Address: 7293 W. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33144 US

Title: VP  
Name: MORENO, YANAYPHIS VP  
Address: 7293 W. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33144 US

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: ALEJANDRO MORENO

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date