

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S73038

Entity Name: F.A.G. INSURANCE INC.

**FILED**  
**May 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9371 S.W. 40 STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9371 S.W. 40 STREET  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 65-0332474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, FELIPE  
4221 SW 132 AVE  
MIAMI, FL 33175 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: DP  
Name: GOMEZ, FELIPE  
Address: 4221 SW 132 AVE  
City-St-Zip: MIAMI, FL 33175

Title: DV  
Name: GOMEZ, MARIA C  
Address: 4221 SW 132 AVE  
City-St-Zip: MIAMI, FL 33175

Title: S  
Name: GOMEZ, FELIPE JR  
Address: 4221 SW 132 AVE  
City-St-Zip: MIAMI, FL 33175

Title: T  
Name: GOMEZ, ARIEL  
Address: 4221 SW 132 AVE  
City-St-Zip: MIAMI, FL 33175

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: FELIPE GOMEZ

DP

05/29/2012

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

\_\_\_\_\_  
Date