

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000113032

**Entity Name:** GL FIGUEREDO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7950 W. FLAGLER ST.  
STE#103  
MIAMI, FL 33144

**Current Mailing Address:**

7950 W. FLAGLER ST.  
STE#103  
MIAMI, FL 33144

**FEI Number:** 20-0288625

**Certificate of Status Desired:** No

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

FIGUEREDO, GUSTAVO L  
7000 SW 110 TERR.  
MIAMI, FL 33156 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            FIGUEREDO, GUSTAVO L  
Address        7000 SW 110 TERR.  
City-State-Zip: MIAMI FL 33156

*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:** GUSTAVO L FIGUEREDO

**PRESIDENT**

**04/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date