

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000023321

**Entity Name:** ARMANDO E. AVILA INSURANCE AGENCY INC.

**Current Principal Place of Business:**

3036 GRIFFIN ROAD  
STE 4  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3036 GRIFFIN ROAD  
STE 4  
FORT LAUDERDALE, FL 33312

**FEI Number:** 42-1758595

**Certificate of Status Desired:** No

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

AVILA, ARMANDO  
3036 GRIFFIN ROAD  
UNIT 4  
DANIA BEACH, FL 33312 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 PD  
Name AVILA, ARMANDO  
Address 3036 GRIFFIN ROAD #4  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** ARMANDO AVILA

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date