

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000099069

Entity Name: FERNANDEZ & FERNANDEZ INSURANCE INC.

Current Principal Place of Business:

6285 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

6285 SW 40 ST
MIAMI, FL 33155

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, ZOILA
6285 SW 40 ST
MIAMI, FL 33155 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 DP
Name FERNANDEZ, ZOILA
Address 6285 SW 40 ST
City-State-Zip: MIAMI FL 33155

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: ZOILA FERNANDEZ

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04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date