

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000036860

**Entity Name:** ILEANA CABRERA-RODRIGUEZ INSURANCE AGENCY, INC.

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC9480437618**

**Current Principal Place of Business:**

1925 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1925 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number: 65-0862849**

**Certificate of Status Desired: No**

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

CABRERA-RODRIGUEZ, ILEANA  
1925 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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            MRS.  
Name            CABRERA-RODRIGUEZ, ILEANA  
Address        1925 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

*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: ILEANA CABRERA-RODRIGUEZ**

**PRESIDENT**

**03/02/2015**

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

\_\_\_\_\_  
Date