

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V37672

**FILED  
Mar 11, 2013  
Secretary of State  
CC9250684721**

**Entity Name:** PEDRAZA INSURANCE CORPORATION

**Current Principal Place of Business:**

8555 NW 186TH STREET  
HIALEAH, FL 33015

**Current Mailing Address:**

8555 NW 186TH STREET  
HIALEAH, FL 33015 US

**FEI Number:** 65-0333834

**Certificate of Status Desired:** Yes

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

PEDRAZA, LIVIA M  
8555 NW 186TH STREET  
HIALEAH, FL 33015 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	P	Title	D
Name	PEDRAZA, LIVIA M	Name	PEDRAZA, JOEL A
Address	8555 NW 186 STREET	Address	8555 NW 186 STREET
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015

Title VP  
 Name PEDRAZA, JACQUELINE O  
 Address 8555 NW 186TH STREET  
 City-State-Zip: HIALEAH FL 33015

*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:** LIVIA M. PEDRAZA

**PRESIDENT**

**03/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date