

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT 18 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 855267</b> 1. Entity Name <b>NATIONAL INSURANCE COMPANY</b>					
Principal Place of Business 238 PALERMO AVE. CORAL GABLES, FL 33134 US			Mailing Address 238 PALERMO AVE. CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09282006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number <b>59-2584679</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER                  P O BOX 6200 (32314-6200)                  200 E. GAINES ST                  TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CRUZ, RAMON</b> 510 MUNOZ RIVERIA AVENUE HATO REY, PR 00918	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ARTHUR, EDUARDO</b> 510 MUNOZ RIVERA AVE HATO REY PR 00918	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RAMOS GONZALEZ, VIRGILIO</b> 510 MUNOZ RIVERA AVE. HATO REY, PR 00918	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENITEZ, JORGE E</b> 238 PALERMO AVE CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>DE GARCIA, MARIA JULIA C</b> 510 MUNOZ RIVERA AVE. HATO REY, PR 00918	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VAN RHYN, EDGARDO</b> 510 MUNOZ RIVERA AVE HATO REY PR 00918	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REYES, MARGARITA</b> 510 MUNOZ RIVERA AVE. HATO REY, PR 00918	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DANA, ROBERTO</b> 238 PALERMO AVE CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD <b>BENITEZ, CARLOS M., JR.</b> 510 MUNOZ RIVERA AVE. HATO REY, PR 00918	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RODRIGUEZ, ANDRES</b> 510 MUNOZ RIVERA AVE HATO REY PR 00918	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENITEZ, VIOLA</b> 510 MUNOZ RIVERA AVE HATO REY, PR 00918	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100020965791</b> 10/18/06--01053--017 **\$61.25	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: <b>10/12/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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