

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009983

FILED
Jun 30, 2005
Secretary of State

Entity Name: DISCOUNT INSURANCE NETWORK, INC.

Current Principal Place of Business:

801 NE 125 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

801 NE 125 STREET
NORTH MIAMI, FL 33161 US

Current Mailing Address:

801 NE 125 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

801 NE 125 STREET
NORTH MIAMI, FL 33161 US

FEI Number: 65-0985041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVERA, LILIANA
801 NE 125 ST
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLIVERA, LILIANA
Address: 801 N.E. 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP () Delete
Name: OLIVERA, HERNAN
Address: 3835 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OLIVERA, HERNAN
Address: 3155 NE 184 ST #8303
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LILIANA OLIVERA

PRES

06/30/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date