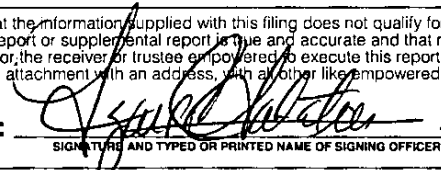


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 045 ***150.00

DOCUMENT # P03000011520 1. Entity Name NATIONS INSURANCE & FINANCIAL SERVICES, INC.					
Principal Place of Business 6774 W FLAGLER ST MIAMI, FL 33144			Mailing Address P.O. BOX 142123 MIAMI, FL 33114		
2. Principal Place of Business 155 SW 57 Ave.			3. Mailing Address P.O. Box 142123		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami, FL			City & State Coral Gables, FL		
Zip 33144		Country Dade		Zip 33114	
Country Dade		4. FEI Number 36-4520456			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, LAZARA C 6774 W FLAGLER ST MIAMI, FL 33144			7. Name and Address of New Registered Agent P.O. Box 142123 Coral Gables, FL 33114		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. JIMENEZ, LAZARA C ☐ Delete 16822 NW 78TH COURT MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Sabatier, Lazara C. ☒ Change ☐ Addition P.O. Box 142123 Coral Gables, FL 33114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			3/29/05 (300) 267-4541 Date Daytime Phone #		

50033083



01192005 Chg-P CR2E034 (10/03)

FL Zip Code