2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2007
Secretary of State

DOCUMENT# P03000011520

Entity Name: NATIONS INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

155 SW 57 AVE
MIAMI, FL 33144

New Principal Place of Business:

155 SW 57TH AVE
MIAMI, FL 33144

Current Mailing Address:

P.O. BOX 142123
MIAMI, FL 33114

New Mailing Address:

P.O. BOX 142123
CORAL GABLES, FL 33114

FEI Number: 36-4520456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMENEZ, LAZARA C
P.O. 142123
CORAL GABLES, FL 33114 US

Name and Address of New Registered Agent:

JIMENEZ, LAZARA C
155 SW 57TH AVE
MIAMI, FL 33144 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: 03/03/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JIMENEZ, LAZARA C
Address: P.O. BOX 142123
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAZARA C. JIMENEZ P 03/03/2007
Electronic Signature of Signing Officer or Director — Date