## **2008 FOR PROFIT CORPORATION**

SIGNATURE:

## Feb 11, 2008 8:00 am Secretary of State ANNUAL REPORT 02-11-2008 90044 026 \*\*\*158.75 DOCUMENT # P03000011520 1. Entity Name NATIONS INSURANCE & FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 155 SW 57TH AVE P.O. BOX 142123 MIAMI, FL 33144 CORAL GABLES, FL 33114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address WAY LAW CORAL Suite, Apt. #, etc Suite, Apt. #, etc. Chg-P 01312008 CR2E034 (12/06) CORAL 6780 City & State Applied For City & State 4. FEI Number MiAuri 36-4520456 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JIMENEZ, LAZARA C Box Number is Not Acceptable) CENTER 155 SW 57TH AVE MIAMI, FL 33144 CORAL WAY City 33/27 8. The above named entity bubmits 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. ZARA SIGNATUR (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITLE ■ Addition NAME JIMENEZ, LAZARA C NAME STREET ADDRESS P.O. BOX 142123 STREET ADDRESS CORAL GABLES, FL 33114 CHY-SI-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 truetee 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.

LIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED