

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091329

Entity Name: AMAYA INSURANCE, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

9010 SW 137TH AVE, STE 208
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

9010 SW 137TH AVE, STE 208
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-1475712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAASTRICHT, EILEEN A ESQ.
2655 S. LEJEUNE ROAD
SUITE 1108
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MAASTRICHT, EILEEN A ESQ.
1550 MADRUGA AVE
SUITE 327
CORAL GABLES, FL 33146 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: AMAYA, JAIME
Address: 9010 SW 137TH AVE, STE 208
City-St-Zip: MIAMI, FL 33186

Title: SVD () Delete
Name: AMAYA, PATRICIA
Address: 9010 SW 137TH AVE, STE 208
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA AMAYA

SVD

03/24/2009

Electronic Signature of Signing Officer or Director

Date