2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# 332521

Entity Name: CARIBE INSURANCE AGENCY CORPORATION

Current Principal Place of Business:

2333 BRICKELL AVENUE
SUITE A-1
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2333 BRICKELL AVENUE
SUITE A-1
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-1215133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, ISABEL
2333 BRICKELL AVENUE
APT 2811
MIAMI, FL 33129 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LOPEZ, ISABEL
Address: 2333 BRICKELL AVENUE - APT 2811
City-St-Zip: MIAMI, FL 33129

Title: VPD
Name: LOPEZ, CARLOS A., JR
Address: 2333 BRICKELL AVENUE - SUITE A-1
City-St-Zip: MIAMI, FL 33129

Title: STD
Name: PINA, MAYRA L.
Address: 2333 BRICKELL AVENUE - SUITE A-1
City-St-Zip: MIAMI, FL 33129

I hereby 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 all other like empowered.

SIGNATURE: MAYRA L PINA STD 04/18/2011

Electronic Signature of Signing Officer or Director — Date