2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 430472

1. Entity Name
AMEDEX INSURANCE COMPANY

FILED
06 DEC 20 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12152006 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7001 S W 97TH AVENUE MIAMI, FL 33173 US	7001 S W 97TH AVENUE MIAMI, FL 33173 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1485499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALTBY, ALFRED D P 7001 S W 97TH AVENUE MIAMI, FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 500082681665 12/20/06--01048--001 **61.25
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	D HOLDEN, DEAN A D 15 - 19 BLOOMSBURY WAY LONDON, XX WC1A 2BA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Capote, David 7001 SW 97th Avenue Miami, FL 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIES, JULIAN P D 15 - 19 BLOOMSBURY WAY LONDON, XX WC1A 2BA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Maltby, Alfred D. 7001 SW 97th Avenue Miami, FL 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODERMAN, CHARLENE D 13 MAYFORD ROAD, FLAT #2 LONDON, XX SW12 8RZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Swain, Corinna J. 7001 SW 97th Avenue Miami, FL 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-PREUSSE, FRANCISCO D 7001 S W 97TH AVENUE MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Headley, John C. Russell House, Russell Mews Brighton, UK BN1 2HZ	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIPPER, EMMA D 2 BRAMERTON ROAD, CAULFIELD MELBOURNE, VICTORIA, XX 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARCIANDI, ELIZABET D 7001 S W 97TH AVENUE MIAMI, FL 33173	☐ 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 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 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: Francisco Lopez-Preusse 12.19.06 305 275-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #