


FILED

TALLAHASSEE, FLORIDA

<b>DOCUMENT # 482598</b>						04 MAY -3 PM 12:18		
1. Entity Name KAYSER INSURANCE, INC.						TALLAHASSEE, FLORIDA		
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145			Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145					
2. Principal Place of Business			3. Mailing Address			04272004 Chg-P CR2E034 (10/03)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-1667409		
City & State			City & State			Applied For Not Applicable		
Zip		Country	Zip		Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145					7. Name and Address of New Registered Agent Name CORPORATE PROCESS SERVICE Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY Suite 201 City Miami FL Zip Code 33145			
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: <i>Sandra Williams</i>			President			4/29/04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900035794989 05/10/04--01024--025 **158.75				
NAME	LOPEZ, CARLOS C		NAME					
STREET ADDRESS	2300 CORAL WAY, #200		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP					
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LOPEZ, AMADA C		NAME					
STREET ADDRESS	2300 CORAL WAY SUITE #200		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP					
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	WILLIAMS, VIVIAN M		NAME					
STREET ADDRESS	2300 CORAL WAY, #200		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP					
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LOPEZ-IBARGUEN, MARIA D		NAME					
STREET ADDRESS	2300 CORAL WAY, #200		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sandra Williams</i>			Vivian Williams			4/27/04 (305) 854-1040		
Signature and typed or printed name of signing officer or director			Date			Daytime Phone #		