2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 683946

Entity Name: ESTRELLA INSURANCE, INC.

Current Principal Place of Business:

3750 W. FLAGLER ST.
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3750 W. FLAGLER ST.
MIAMI, FL 33134

New Mailing Address:

FEI Number: 59-2046808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTRELLA & ASSOCIATES PA
3750 W FLAGLER ST
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

ESTRELLA & ASSOCIATES
3750 W FLAGLER ST
MIAMI, FL 33143 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: NICOLAS ESTRELLA JR. 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: CASTANO, MAYDA C.
Address: 11756 N. KENDALL
City-St-Zip: MIAMI, FL

Title: V ( ) Delete
Name: LABARCA, LOURDES
Address: 1313 W 49 STREET
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete
Name: PALMAS, BETTY
Address: 1313 W 49 ST
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete
Name: MARTINEZ, GISELA
Address: 3746 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

Title: V ( ) Delete
Name: SUAREZ, FRADYN
Address: 3746 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33134

Title: P ( ) Delete
Name: ESTRELLA, NICOLAS JR
Address: 3750 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NICOLAS ESTRELLA JR P 04/30/2009
Electronic Signature of Signing Officer or Director Date