2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F02026

Entity Name: DISCOVERY ENTERPRISES INSURANCE AGENCY, INC.

Current Principal Place of Business:

7327 NW 36 ST
MIAMI, FL 33166

New Principal Place of Business:

10733 NW 58TH STREET
MIAMI, FL 33178 US

Current Mailing Address:

7327 NW 36 ST
MIAMI, FL 33166

New Mailing Address:

10733 NW 58TH STREET
MIAMI, FL 33178 US

FEI Number: 59-2195538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, GUSTAVO
10733 NW 58TH STREET
DORAL, FL 33178 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIAZ, GUSTAVO
Address: 10733 N W 58TH STREET
City-St-Zip: DORAL, FL 33178

Title: VPD ( ) Delete
Name: DIAZ, MARIA L
Address: 10733 N W 58TH STREET
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Delete
Name: DIAZ MENESES, MARYCEL
Address: 10733 N W 58TH STREET
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIAZ, GUSTAVO
Address: 10733 N W 58TH STREET
City-St-Zip: DORAL, FL 33178 US

Title: VPD (X) Change ( ) Addition
Name: DIAZ, MARIA L
Address: 10733 N W 58TH STREET
City-St-Zip: MIAMI, FL 33178 US

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: GUSTAVO DIAZ PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date