2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90070 039 ***150.00

DOCUMENT # F17975

1. Entity Name
CHOICE ONE INSURANCE, INC.

Principal Place of Business	Mailing Address
18400 SW 97TH AVE ~~MIAMI, FL 33157 US~~ CUTLER BAY, FL 33157-7023	18400 SW 97TH AVE ~~MIAMI, FL 33157 US~~ CUTLER BAY, FL 33157-7023

02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2073442
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACDOUGALL, EDWARD P
18400 S.W. 97 AVE.
~~MIAMI, FL 33157~~ CUTLER BAY, FL 33157

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~CEO~~ CHAIRMAN
NAME	MACDOUGALL, EDWARD P
STREET ADDRESS	18400 FRANJO ROAD
CITY-ST-ZIP	~~MIAMI, FL 33157~~ CUTLER BAY, FL 33157
TITLE	PS
NAME	PHILIPP, DIANNA
STREET ADDRESS	18400 FRANJO ROAD
CITY-ST-ZIP	~~MIAMI, FL 33157~~ CUTLER BAY, FL 33157
TITLE	D
NAME	FULLANA, MARCOS
STREET ADDRESS	18400 FRANJO ROAD
CITY-ST-ZIP	~~MIAMI, FL 33157~~ CUTLER BAY, FL 33157
TITLE	~~D~~ CEO
NAME	MACDOUGALL, ROBERT
STREET ADDRESS	18400 FRANJO ROAD
CITY-ST-ZIP	~~MIAMI, FL 33157~~ CUTLER BAY, FL 33157
TITLE	D
NAME	FULLANA, KRISTIN
STREET ADDRESS	18400 FRANJO ROAD
CITY-ST-ZIP	CUTLER BAY, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ ROBERT W. MACDOUGALL 4/23/07 305-252-1873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #