

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17975

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHOICE ONE INSURANCE, INC.

Current Principal Place of Business:

18400 SW 97TH AVE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18400 SW 97TH AVE
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 59-2073442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACDOUGALL, EDWARD P
18400 S.W. 97 AVE.
CUTLER BAY, FL 33157 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: CEO () Delete
Name: MACDOUGALL, EDWARD P
Address: 18400 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33157

Title: PS () Delete
Name: PHILIPP, DIANNA
Address: 18400 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33157

Title: D () Delete
Name: FULLANA, MARCOS
Address: 18400 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33157

Title: D () Delete
Name: MACDOUGALL, ROBERT
Address: 18400 FRANJO ROAD
City-St-Zip: CUTLER BAY, FL 33157

Title: D () Delete
Name: FULLANA, KRISTIN
Address: 18400 GRANJO RD.
City-St-Zip: CUTLER BAY, FL 33157

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:

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: EDWARD P MACDOUGALL

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date