2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# F54550

Entity Name: FLORIDA INSURANCE SPECIALISTS, INC.

Current Principal Place of Business:

5880 SW 91 STREET
MIAMI, FL 33156

New Principal Place of Business:

5840 SW 119 STREET
CORAL GABLES, FL 33156

Current Mailing Address:

5880 SW 91 STREET
MIAMI, FL 33156

New Mailing Address:

5840 SW 119 STREET
CORAL GABLES, FL 33156

FEI Number: 59-2226240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMYRLES, JAMES J.
5880 SW 91 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

CORPCO, INC.
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133 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: E.ENGLISH, VP 04/02/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMYRLES, JAMES J,
Address: 5880 SW 91 STREET
City-St-Zip: MIAMI, FL 33156

Title: SD ( ) Delete
Name: SMYRLES, VIRGINIA A
Address: 5880 SW 91 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMYRLES, JAMES J,
Address: 5840 SW 119 STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: SD (X) Change ( ) Addition
Name: SMYRLES, VIRGINIA A
Address: 5840 SW 119 STREET
City-St-Zip: CORAL GABLES, FL 33156

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: JAMES SMYRLES P 04/02/2008
Electronic Signature of Signing Officer or Director Date