2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90054 040 ***150.00

Principal Place of Business 20915 Nr. 200 AVENUE PO. BOX 60000C MIAMA, Fl. 33169-2105 Sulto, Apt. 4, alia. S	DOCUMENT # F94815 1. Entity Name CARRIER SERVICE INSURANCE, INC.					03-28-2005 90054 040 ***150.00				
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City & State Stream and Address of Current Registered Agent CASHMAN, WILLIAM 20917 TIVE 2ND AVENUE City Cit	2. Principal F	Place of Business	3. Mailing Address		{			## ## ################################		
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1.11	03152005	Chg-P	CR2E034 (10/03)		
E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named antity 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 chipaloristy of flogistering of agent. 8. The above named antity 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 Chipaloristy of flogistering of agent. 8. SIGNATURE SI	City & Stat	te	City & State			4. FEI Number		I A	oplied For	
S. Certification Status Legister Companies and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named parity 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 SIGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Price Registered Agent and the content of the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Price Registered Agent and the content of the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Price Registered Agent Price Address (P.O. Box Number is Not Acceptable) The Title Of Change International Price International Pric						59-22538	363	No	t Applicable	
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12 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 07/3Vi). Florida Statutes hythey certify that the information	1		-			•		•	• •	
ILS. THERBOY, CERTIFY THAT THE INFORMATION SUpplied with this filling does not qualify for the exemption stated in Section 119,07(3)(t), Florida Statutes. Flurther 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 of trustee employered to execute this report as required by Chapter 607. Florida Statutes, and that my page appears in Place 10 or Place 11 in	ļ		mile file and a second second			-11-1-11-11-11-11-11-11-11-11-11-11-11-	—			
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