2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F94815

Entity Name: CARRIER SERVICE INSURANCE, INC.

Current Principal Place of Business:

20919 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

POB 69000C
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 59-2253863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASHMAN, WILLIAM
20919 NW 2ND AVENUE
MIAMI, FL 33269 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: D ( ) Delete
Name: CASHMAN, EDWARD J
Address: 54 ASH DRIVE
City-St-Zip: HOLLYWOOD, FL 00000,

Title: D ( ) Delete
Name: CASHMAN, JOHN W
Address: 3267 BEECHBERRY CIR
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: DP ( ) Delete
Name: CASHMAN, WILLIAM E
Address: 56 ASH DRIVE
City-St-Zip: HOLLYWOOD, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASHMAN, EDWARD J
Address: 54 ASH DRIVE
City-St-Zip: HOLLYWOOD, FL 33026

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: CASHMAN, WILLIAM E
Address: 56 ASH DRIVE
City-St-Zip: HOLLYWOOD,, FL 33026

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: WILLIAM CASHMAN MR 04/29/2009

Electronic Signature of Signing Officer or Director Date