2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91976

Entity Name: CUTLER RIDGE INSURANCE, INC.

FILED Mar 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20800 SO DIXIE HWY 2500 SW 107 AVE MIA, FL 33189 US 21

MIA, FL 33165 L

Current Mailing Address: New Mailing Address:

20800 SO DIXIE HWY 2500 SW 107 AVE MIA, FL 33189 US 21

MIA, FL 33165 US

FEI Number: 59-2392898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, CONNIE ALVAREZ, JOSE SR 2500 S.W. 107 AVE. #21 2500 S.W. 107 AVE MIAMI, FL 33165 US 21 MIAMI, FL 33165 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: JOSE ALVAREZ SR 03/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: () Change () Addition Name: ALVAREZ, SR, JOSE Name:

 Name:
 ALVAREZ, SR, JOSE
 Name:

 Address:
 2500 S.W. 107 AVE #21
 Address:

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSE ALVAREZ SR T 03/30/2004