



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J85165 1. Entity Name AMSTAR INSURANCE COMPANY						FILED 07 SEP 26 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5959 BLUE LAGOON DRIVE, STE 400 MIAMI, FL 33126				Mailing Address 5959 BLUE LAGOON DRIVE, STE 400 MIAMI, FL 33126			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 65-0156603				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON S 8202 LOS PINOS CIRCLE CORAL GABLES, FL 33143 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andres Jimenez 5959 Blue Lagoon Dr, Ste 400 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-SILVA, JORGE 8041 SW 54 COURT MIAMI, FL 33143 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Javier Fernandez-Cid 5959 Blue Lagoon Dr, Ste 400 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENTON, MARIA DEL C 5959 BLUE LAGOON DR, SUITE 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Lynch 5959 Blue Lagoon Dr, Ste 400 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUERTAS, ANTONIO CONDO, CONDADO PRINCESS, #301 SAN JUAN, PR 00907 <input checked="" type="checkbox"/> Delete			400110181384 10/02/07--01037--005 **70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TAMAYO, JAIME 5959 BLUE LAGOON DR, STE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete			8/9/28 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANTIS, DENNIS M 5959 BLUE LAGOON DR, STE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Maria del C Fenton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				9/25/07 305-507-2695 Date Daytime Phone #			