

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85835

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE ELITE INSURANCE GROUP INC.

**Current Principal Place of Business:**

2851 W. 68 ST. STE 10  
HIALEAH, FL 33018

**New Principal Place of Business:**

13520 SW 120 STREET  
SUITE 104  
MIAMI, FL 33186

**Current Mailing Address:**

2851 W. 68 ST.  
HIALEAH, FL 33018

**New Mailing Address:**

13520 SW 120 STREET  
SUITE 104  
MIAMI, FL 33186

**FEI Number:** 65-0122513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALAZAR, RAQUEL  
15379 SW 140TH ST  
MIAMI, FL 33196 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: SALAZAR, RAQUEL  
Address: 15379 SW 140TH ST  
City-St-Zip: MIAMI, FL 33196

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

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

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: RAQUEL SALAZAR

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date