2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

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Entity Name: E-INSURANCEONLINE, LLC

Current Principal Place of Business:

1860 WEST AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1860 WEST AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-3714619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEON, CARLOS C ESQ.
1860 WEST AVENUE
1860 WEST AVE
MIAMI BEACH, FL 33139 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LEON, CARLOS
Address: 1860 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM
Name: FREIRE, JOSEPH
Address: 1860 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR
Name: GARCIA-DIAZ, FABIAN
Address: 1860 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: CARLOS LEON MGRM 01/14/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date