2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90059 032 ***150.00

1. Entity Nam FIRST Co	MENT # L24282 OMMERCIAL TRANSPORTA TY INSURANCE COMPANY				03-19-2007	90059 032	***15	0.00		
7900 NW 15	e of Business 55 ST, STE. 201 S, FL 33016 US	Mailing Address 7900 NW 155 ST, STE. 201 MIAMI LAKES, FL 33016 US		· .	400	37045				
Principal Place of Business - No P.O. Box #										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062007	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number			 - - - - - - - - - -	plied For]
Zip	Country	Zip	Zip Country		65-0224300 Not Applic 5. Certificate of Status Desired \$8.75 Additional					1
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	- Fee	Require nt	d	-
0.055.50	ANIQUAL OFFICER	1	Name							
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200)			-	Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAINES ST TALLAHASSEE, FL 32399-0000						Mari-			•	1
			7	City			FL	Zip Cod	e	1
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.										1
1,~										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DI	RECTORS	3 IN 11	1
TITLE NAME	PD,, BEANE, REGINALD E	☐ Delete	TITLE NAME	[50	ane]		×	Change .	Addition	
STREET ADDRESS	5088 NW 81ST AVENUE		STREET A		∞ N ω	BONDS	street s	Sel	X X	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	☐ Delete	CITY-ST-	-ZIP MI	arii la	Kes, ti	<u>33014</u>	Change	☐ Addition	$\frac{1}{2}$
NAME	CAMBERT, RENE M	Delete	NAME	1,00		i	*	j Change	☐ A004/011	
STREET ADDRESS CITY-ST-ZIP	7900 NW 155 ST, STE. 201 MIAMI LAKES, FL 33016		STREET A	□ □ □ ~	ame_]				
TITLE	D	☐ Delete	TITLE	ES	igne J			Change	Addition	1
NAME STREET ADDRESS	GUTIERREZ, MARCO 7900 NW 155 ST, STE. 201		namé Street a	DORESS Su	tierrez	z, Marc	<i>2</i> 0,			
CITY-ST-ZIP	MIAMI LAKES, FL 33016		CITY-ST-		arre]	L	VI			
TITLE NAME	SVCE ESPINOSA, LUIS M	☐ Delete	TITLE NAME	SVS	CEO	ا اسخا	M X	Change	Addition	
STREET ADDRESS	15525 NW 83RD COURT		STREET A	1 . (300 Nr	4661 C	STREE	+ ,S	teso	1
CITY-ST-ZIP	MIAMI LAKES, FL 33016	□ Delete	CITY-ST-	ZIP MYC	imi La	(15, fr. 3	كحمارة	7 01	- Address	-
NAME	CAMILLERI, MICHAEL		NAME				<u> </u>] Change	Addition	
STREET ADORESS CITY-ST-ZIP	2101 NW CORPORATE BLVD., # BOCA RATON, FL 33431	415	STREET A							
TITLE	VCFD	☐ Delete	TITLE	VCF	00		.	Change	☐ Addition	+
NAME STREET ADDRESS	MALONEY, JOHN 271 PLYMOUTH AVE.		NAME STREET A	Ma		20pU ~	•		teac	1
CITY-ST-ZIP	BRIGHTWATERS, NY 14718		CITY-ST-	1.770		72,0	320	10	الحماد	11
12. I hereby certify that the information supplied with this filling 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 abcurate 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 of 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 fall other like empowered.										
	V.Mnde	N 10 11			21	1-1-	, yw	1927	11/11/	۲.

SIGNATURE: SIGNATURE AND TYPED ON GRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

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