## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # L49691 04-23-2007 90063 015 \*\*\*150.00 PENÍNSULA INSURANCE BUREAU. INC. Principal Place of Business Mailing Address 4001400-6065 NW 167 ST 6065 NW 167 ST SUITE B1 SUITE B1 MIAMI, FL 33015 MIAMI, FL 33015 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0171532 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALACIOS, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 6065 NW 167 ST STE B1 MIAMI, FL 33015 City 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PALACIOS, JOSE A. NAME NAME STREET ADDRESS 6065 NW 167 ST STE B1 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIF Delete Change TITLE TITLE ☐ Addition KUNZMAN, EMERY L NAME NAME 6065 NW 167 ST STE B1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP is not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information laterand that my signature shall have the same legal effect as if made under oath; that I am an officer or director but this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information of indicated on this report of supplemental the corporation or the receiver of the corporation of the corp changed, or on an aya (305) 824-0111 SIGNATURE signing officer or director President Date

FILED

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DOCUMENT # L49691  1. Entity Name PENINSULA INSURANCE BUREAU, INC.					ATTACHMENT		
Principal Place of Business 6065 NW 167 ST SUITE B1 MIAMI, FL 33015 US  2. Principal Place of Business - No P.O. Box #		Mailing Address 6065 NW 167 ST SUITE B1 MIAMI, FL 33015 US		- - 11st	743	Dla	:
Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>─</b>			
City & State		City & State		01092007 4. FEI Numbe	Chg-P	CR2E034 (12/06	) Applied For
Zip Country		Zip Country			65-0171532		
ΖΙΡ			Country		of Status Desired	☐ \$8.75 A Fee Requi	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
PALACIOS, JOSE A. 6065 NW 167 ST STE B1			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33015			City	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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	PALACIOS, JOSE A. 6065 NW 167 ST STE B1 HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Chango	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS         ☐ Delete         TITL           KUNZMAN, EMERY L         NAN           6065 NW 167 ST STE B1         STRI           HIALEAH, FL 33015         CITY					☐ Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby certify that the information supplies with this filling floes 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 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 basis of the 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 without actives with all other like empowered.							
SIGNATURE: AGNATIRE IN A WED WIRATED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayting Phone #							