2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) FILED Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P0000004232 GUSTAVO A. CISNEROS INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 11540 SW 72 ST MIAMI FL 33173 11540 SW 72 ST MIAMI FL 33173 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0988418 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CISNEROS, GUSTAVO A 11540 SW 72ND ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 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 primed name of registrood absentiand (1.6.1 analicacio) DATE (NOTE: Registrated Against augmsturn required when reinstituting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ Addition CISNEROS, GUSTAVO A MAME NAME U00000802935 02/05/08-80005-009 150.00 11540 SW 72 ST STREET ADDRESS STREET ADORESS **MIAMI FL 33173** CITY-ST-7IP CHIY-SI-7IP TITLE Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE ☐ Deiete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-2IP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08

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