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Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90029 008 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000007206

1. Entity Name
AFFORDABLE HEALTH INSURANCE, INC.

Principal Place of Business	Mailing Address
12356 ROCKLEDGE CIRCLE BOCA RATON, FL 33428	12356 ROCKLEDGE CIRCLE BOCA RATON, FL 33428

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3750 N.W. 87th Ave	3750 N.W 87th Ave
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Miami, FL	City & State Miami, FL
Zip 33178 Country	Zip 33178 Country

4. FEI Number 65-0978706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIFIORE, CHRISTINE M CPA 8220 STATE ROAD 84 SUITE 200 DAVIE, FL 33324	Name DiFiore, Christine M. CPA Street Address (P.O. Box Number is Not Acceptable) 188 S. W. 96 Ave. City Plantation FL Zip Code 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOQUERA, CARLOS E 12356 ROCKLEDGE CIRCLE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3750 N.W. 87th Ave Suite 500 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOQUERA, MARLENE I 12356 ROCKLEDGE CIRCLE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3750 N.W. 87th Ave Suite 500 Miami, FL 33178
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Marlene Noquera, owner 1/26/05 954-295-4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #