

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064223

Entity Name: INSURANCE QUOTE, INC.

FILED  
May 22, 2009  
Secretary of State

## Current Principal Place of Business:

278 N.W. 42 AVENUE  
MIAMI, FL 33126

## New Principal Place of Business:

278 NW 42 AVENUE  
MIAMI, FL 33126

## Current Mailing Address:

278 N.W. 42 AVENUE  
MIAMI, FL 33126

## New Mailing Address:

1230 NE 89 STREET  
MIAMI, FL 33138

FEI Number: 65-1032070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, MARITZA G  
278 N.W. 42 AVENUE  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

DIAZ, MARITZA G  
1230 NE 89 STREET  
MIAMI, FL 33138 US

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:

05/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIAZ, MARITZA G  
Address: 278 N.W. 42 AVENUE  
City-St-Zip: MIAMI, FL 33126 US

Title: VP ( ) Delete  
Name: DIAZ, MARITZA G  
Address: 278 NW 42ND AVENUE  
City-St-Zip: MIAMI, FL 33126 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA G DIAZ

PD

05/22/2009

Electronic Signature of Signing Officer or Director

Date