

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068191

FILED
Apr 17, 2007
Secretary of State

Entity Name: DISCOUNT INSURANCE CENTER TWO INC.

Current Principal Place of Business:

17038 COLLINS AVENUE
MIAMI BEACH, FL 33160

New Principal Place of Business:

17038 COLLINS AVENUE
SUNNY ISLES, FL 33160

Current Mailing Address:

17038 COLLINS AVENUE
MIAMI BEACH, FL 33160

New Mailing Address:

17038 COLLINS AVENUE
SUNNY ISLES, FL 33160 US

FEI Number: 65-1025115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICARELLI, LEONARDO A MR.
1900 PURDY AVE #2405
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CICARELLI, LEONARDO A MR.
1302 GENOA ST
CORAL GABLES, FL 33134 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: LEONARDO CICARELLI

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DOLOFAN, GEORGE
Address: 17038 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33160

Title: VP () Delete
Name: CICARELLI, LEONARDO
Address: 1900 PURDY AVE #2405
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CICARELLI, LEONARDO A
Address: 1302 GENOA ST
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V.P. (X) Change () Addition
Name: RIVERA, JUAN
Address: 17038 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARDO CICARELLI

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date