2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P00000100913 04-27-2006 90176 006 ***150.00 PALMETTO INSURANCE, CORPORATION Principal Place of Business Mailing Address 1909 WEST 60TH STREET 1909 WEST 60TH STREET HIALEAH FL 33012-7504 HIALEAH FL 33012-7504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-1051553 Not Applicable Zio Country Zip 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 <u>Lizano, Tania I.</u> LIZANO, TANIA I Street Address (P.O. Box Number is Not Acceptable) 1909 West 60th. Street 1909 WEST 60TH STREET HIALEAH FL 33014 City Hialeah Zip Code 33012 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 8. The above named er the obligations of re Tania I. Lizano 4/17/06 SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE D Change ☐ Addition LIZANO, TANIA I NAME NAME Lizano, Tania I. STREET ADDRESS 1909 WEST 60TH STREET STREET ADDRESS 7230 Port Marnock Dr. CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-78 Hialeah, FL_33015 Delete TITLE ☐ Change Addition Lizano, Jose Manuel NAME NAME STREET ADDRESS STREET ADDRESS 7230 Port Marnock Dr. CITY-ST-ZIP CITY-ST-ZIP <u>Hialeah, FL 33015</u> TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition

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 mental 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 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 officers, with all other like empowered. indicated on this report or supple of the corporation or the regelivity of the corporation or the regelivity of the corporation of the corporat

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Tania Lizano

4/17/06

305-698-0899

FILED