2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

MARE STREET ADDRESS CITY-ST-ZIP MIAME STREET ADDRESS CITY-ST-ZIP MAME	DOCUMENT # P0100007514 1. Entity Name MARTIN INSURANCE SERVICES, INC.					Secretary of Sta			
Suite Apt. # atc.	8044 SW 11	9 PLACE	8044 SW 119 PLACE			.	14 - 1 111 - 1211 1222 1242 1241 12	IN (RA) (I 1881	
City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
20	Suite, Apt.	#. etc.	Suite, Apt. #, etc			03262008	Chg-P	CR2E034 (12/06)	
Space	City & State		City & State						
NARTIN, EDUARDO 8044 SW 119 PLACE MIAMI, FL 33185 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 prince name of registered agent and late is parciable. IROTE Registered Agent segrature required with remarking DATE	Zip	Country	Zip	Country				□ \$8.75 Ad	ditional
Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Cay FL Xip Code Cay FL Zip Code Cay Cay FL Zip Code C		6. Name and Address of Curren	t Registered Agent		<u> </u>	7. Name and A	ddress of New R	tegistered Agent	
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in tine State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SOME INSURED SATES, 0.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAKE					Name				
S. 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 hosted or protect name of registered agent and life if approach. (NOTE: Repaired Agent signature regund when retinating) DATE	8044 SW 119 PLACE				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Signature, hysid or present agent and bits of appositions of registered agent are presented agent and bits of appositions. NOTE: Responsed Agent agent are required aren reliminating) DATE					City			FL Zip Coo	de
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CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information			CACLA DOCUMENTA CONTRACTOR AND			Lin Charter 440	Clorida Ctatutas 1	further parts that the	nformation

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in chapter 119. Horida statutes indicated on this report for 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 of 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-595-047