

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000057541

1. Entity Name

YOUR CHOICE INSURANCE, INC.



**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90133 023 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business 1274 SW 140 PL MIAMI FL 33184		Mailing Address 1274 SW 140 PL MIAMI FL 33184	
2. Principal Place of Business 1274 SW 140 PL		3. Mailing Address SAME	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State MIAMI FL		City & State —	
Zip 33184	Country USA	Zip —	Country —
6. Name and Address of Current Registered Agent  MORFA, MAGALYS 1274 SW 140 PL MIAMI FL 33184			
7. Name and Address of New Registered Agent  Name N/A Street Address (P.O. Box Number is Not Acceptable) — City FL Zip Code			

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORFA, MAGALYS 1274 SW 140 PL MIAMI FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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

MAGALYS M. ORTEGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 305-608-0978  
Daytime Phone #