

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019975

FILED
Jul 01, 2004
Secretary of State

Entity Name: DOZA INSURANCE SERVICES, INC.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD
110
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON BLVD
110
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 42-1530200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, JUAN A
1508 BAY ROAD #N- 453
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

MENDOZA, JUAN A
1508 BAY ROAD #N- 429
MIAMI BEACH, FL 33139

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: JUAN A. MENDOZA

07/01/2004

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: PSD () Delete
Name: MENDOZA, JUAN A
Address: P.O. BOX 226575
City-St-Zip: MIAMI, FL 33122

Title: VD () Delete
Name: MENDOZA, JUAN A
Address: P.O. BOX 415133
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: MENDOZA, LISETTE
Address: P.O. BOX 226575
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MENDOZA, JUAN A
Address: P.O. BOX 141921
City-St-Zip: CORAL GABLES, FL 33114

Title: VP (X) Change () Addition
Name: MENDOZA, JUAN
Address: P.O. BOX 25804
City-St-Zip: TAMARAC, FL 33320

Title: VP (X) Change () Addition
Name: MENDOZA, LISETTE
Address: P.O. BOX 561516
City-St-Zip: ORLANDO, FL 32856

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN A MENDOZA

PSD

07/01/2004

Electronic Signature of Signing Officer or Director

Date