2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P02000019975

Entity Name: DOZA INSURANCE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 248
FT. LAUDERDALE, FL 33302

New Principal Place of Business:

1000 PONCE DE LEON BLVD.
110
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 248
FT. LAUDERDALE, FL 33302

New Mailing Address:

1000 PONCE DE LEON BLVD.
110
CORAL GABLES, FL 33134

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
P.O. BOX 141921
CORAL GABLES, FL 33114 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: MENDOZA, JUAN
Address: P.O. BOX 141975
City-St-Zip: CORAL GABLES, FL 33114

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MENDOZA, JUAN
Address: P.O. BOX 248
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUAN A. MENDOZA PSD 04/21/2006
Electronic Signature of Signing Officer or Director Date