

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019975

FILED  
Apr 29, 2008  
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  
1000 PONCE DE LEON BLVD.  
SUITE 110  
CORAL GABLES, FL 33134 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 (X) Delete  
Name: MENDOZA, JUAN  
Address: P.O. BOX 248  
City-St-Zip: FT. LAUDERDALE, FL 33302

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date