

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028645

FILED
May 12, 2006
Secretary of State

Entity Name: MIAMI GARDENS INSURANCE AND INVESTMENT, INC.

Current Principal Place of Business:

4767 NORTHWEST 183RD STREET
MIAMI, FL 33055

New Principal Place of Business:

18300 NW 62ND AVENUE
100
MIAMI, FL 33015

Current Mailing Address:

4767 NORTHWEST 183RD STREET
MIAMI, FL 33055

New Mailing Address:

18300 NW 62ND AVENUE
100
MIAMI, FL 33015

FEI Number: 01-0627979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, HOWARD
4767 NW 183 STREET
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

HOWELL, HOWARD
18300 NW 62ND AVENUE
MIAMI, FL 33015 US

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:

05/12/2006

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: PSTD () Delete
Name: HOWELL, HOWARD D
Address: 4767 NORTHWEST 183RD STREET
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: HOWELL, MARCIA M
Address: 4767 NORTHWEST 183RD STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HOWELL, HOWARD D
Address: 18300 NW 62ND AVENUE
City-St-Zip: MIAMI, FL 33015

Title: D (X) Change () Addition
Name: HOWELL, MARCIA M
Address: 18300 NW 62ND AVENUE
City-St-Zip: MIAMI, FL 33015

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: HOWARD HOWELL

PSTD

05/12/2006

Electronic Signature of Signing Officer or Director

Date