

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039883

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** FIRST REINSURANCE MANAGEMENT, INC.

**Current Principal Place of Business:**

13701 S.W. 88TH STREET  
SUITE 201  
MIAMI, FL 33186

**New Principal Place of Business:**

8785 SW 165 AVE  
SUITE 206  
MIAMI, FL 33193

**Current Mailing Address:**

13701 S.W. 88TH STREET  
SUITE 201  
MIAMI, FL 33186

**New Mailing Address:**

8785 SW 165 AVE  
SUITE 206  
MIAMI, FL 33193

**FEI Number:** 71-0943341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

QUIJADA, MARGARITA  
13701 S.W. 88TH STREET  
SUITE 201  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

QUIJADA, MARGARITA  
8785 SW 165 AVE  
SUITE 206  
MIAMI, FL 33193 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: MARGARITA QUIJADA

02/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: QUIJADA, MARGARITA  
Address: 16452 SW 96TH TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: MR.  
Name: CARLOS QUIJADA  
Address: 16452 SW 96TH TERRACE  
City-St-Zip: MIAMI, FL 33196

I hereby 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 all other like empowered.

SIGNATURE: MARGARITA QUIJADA

MS.

02/17/2010

Electronic Signature of Signing Officer or Director

Date