2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 14, 2003 8:00 am Secretary of State

1. Entity N	UMENT # P0200 INSURANCE AGENCY CORF	00099916			02-26-2003 9	0143 045 **	*150.00	
701 BRICK SUITE 148 MIAMJ FL : US	*	Mailing Address 701 BRICKELL AVENUE SUITE 1460 MIAMI FL 33131 US 3. Mailing Address						
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		{	. CHECK HERE IF M	*** PONE (8) PANE (
City & SI	ate	City & State			4. FEI Number 55-0798033		Applied For	7
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$9.7E		4
	6. Name and Address of Current R				7. Name and Address of New Regist			\dashv
741400	A MAROO	Strate of the strate of the strate of the	-Name					1
ZAMORA, MARCELA 701 BRICKELL AVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1	1460 ·			-				┨
MIAMI F	FL 33131		City			FL Zip Co	ode	-
8. The above the obligation	re named entity submits this statement for tations of registered agent.	he purpose of changing its	registered office or re	egistered	agent, or both, in the State of Florida.	l am familiar will	, and accept	1
SIGNATURE							`	
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature					
			nogistered Agent signature	s tedimised wu	en reinstating)	DATE		Į
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	,	nogustaro Agast signatura	a tedimined with	9. Election Campaign Financing Trust Fund Contribution.	9 _ \$5.	00 May Be	} -
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of S	itate			9. Election Campaign Financing Trust Fund Contribution.	9 \$5. I	d to Fees	} -
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I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WATO SE REQUIRED

2/14/03