2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 AUG -2 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101172

1. Entity Name
RESIDENTIAL INSURANCE, INC.

Principal Place of Business	Mailing Address
1460 W 68 ST HIALEAH, FL 33014	1460 W 68 ST HIALEAH, FL 33014

07212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 45-0487071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARANEGUI, MONICA 1460 W 68 ST HIALEAH, FL 33014	Name: American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 1 S.E. 3rd Avenue, 28th Floor City: Miami **FL** Zip Code: 33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: By: Angelica M. Chiru Assistant Secretary — DATE: 7/22/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARANGEGUL, MONICA 1460 W 68 ST HIALEAH, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hernandez, Jorge 1460 W. 68 St. Hialeah, FL 33014 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARRERAS, LESTER 3785 N.W. 82 AVE., STE 417 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Bello, Hilda 1460 W.68 Street, Hialeah, FL 33014 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Barreras, Lester 3785 N.W. 82 Ave., Ste. 417,Miami, FL 33014 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800040318478 08/19/04--01013--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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: Nilda M. Bello — 7/21/04 (305)828-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #