

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000101172

FILED
Dec 09, 2005
Secretary of State

Entity Name: RESIDENTIAL INSURANCE, INC.

Current Principal Place of Business:

1460 W 68 ST
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1460 W 68 ST
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 45-0487071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES INC
1 S E 3RD AVE 28TH FLOOR
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, JORGE
Address: 1460 W 68 ST
City-St-Zip: HIALEAH, FL 33014

Title: ST () Delete
Name: BARRERAS, LESTER
Address: 3785 N.W. 82 AVE., STE 417
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: BELLO, HILDA
Address: 1460 W 68 STREET
City-St-Zip: HIALEAH, FL 33014

Title: T () Delete
Name: BARRERAS, LESTER
Address: 3785 N W 82 AVE STE 417
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELLO, HILDA
Address: 1460 W 68 ST
City-St-Zip: HIALEAH, FL 33014

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 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 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: HILDA BELLO

P

12/09/2005

Electronic Signature of Signing Officer or Director

Date