## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000101172

FILED Jan 09, 2006 Secretary of State

Entity Nai	me: RESIDEI	NTIAL INSURANCE, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1460 W 68 HIALEAH,	ST FL 33014					
Current Mailing Address:			New Maili	New Mailing Address:		
1460 W 68 HIALEAH,	ST FL 33014					
FEI Number	: 45-0487071	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Address	of New Registered Agent:	
1 S E 3RD MIAMI, FL The above	AVE 28TH FL 33131 US named entity		purpose of changing	ts registere	ed office or registered agent, or both	,
	e of Florida.					
SIGNATUI		nic Signature of Registered Ac	gent		 Date	-
Election Car		g Trust Fund Contribution ( ).	•			
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTO	RS:
Title: Name: Address: City-St-Zip:	P ( BELLO, HILDA 1460 W 68 ST HIALEAH, FL		Title: Name: Address: City-St-Zip:	P HERNANDE 1460 W 68 HIALEAH, F	ST	
Title: Name: Address: City-St-Zip:	ST ( BARRERAS, L 3785 N.W. 82 MIAMI, FL 33 <sup>2</sup>	AVE., STE 417	Title: Name: Address: City-St-Zip:	VP/S BELLO, HIL 1460 WES <sup>T</sup> HIALEAH, F	T 68 STREET	

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

 Title:
 T
 (X) Delete

 Name:
 BARRERAS, LESTER

 Address:
 3785 N W 82 AVE STE 417

City-St-Zip: MIAMI, FL 33014

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

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 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: HILDA BELLO VP 01/09/2006