

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90013 005 ***150.00

DOCUMENT # P02000101172 1. Entity Name RESIDENTIAL INSURANCE, INC.			
Principal Place of Business 1460 W 68 ST HIALEAH, FL 33014		Mailing Address 1460 W 68 ST HIALEAH, FL 33014	
2. Principal Place of Business - No P.O. Box # 1450 West 68 St.		3. Mailing Address 1450 West 68 St.	
Suite, Apt. #, etc. Hialeah		Suite, Apt. #, etc. Hialeah	
City & State Hialeah, Florida		City & State Hialeah, Florida	
Zip 33014		Zip 33014	
Country DADE		Country DADE	
4. FEI Number 45-0487071		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIZABETH BELLO, P.A. 1460 WEST 68 STREET HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name Elizabeth Bello PA Street Address (P.O. Box Number is Not Acceptable) 1450 West 68 Street City Hialeah FL Zip Code 33014	
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 <u><i>Elizabeth Bello</i></u> DATE 04-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BELLO, ELIZABETH STREET ADDRESS 1460 W 68 ST CITY-ST-ZIP HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE P/T NAME Hilda Bello STREET ADDRESS 1450 West 68 Street CITY-ST-ZIP Hialeah FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP/T NAME BELLO, HILDA STREET ADDRESS 1460 WEST 68 STREET CITY-ST-ZIP HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE VP NAME Elizabeth Bello STREET ADDRESS 1450 West 68 Street CITY-ST-ZIP Hialeah FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME HERNANDEZ, MILEIDY STREET ADDRESS 1460 W 68 STREET CITY-ST-ZIP HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE S NAME Hernandez, Mileidy STREET ADDRESS 1450 West 68 Street CITY-ST-ZIP Hialeah FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Elizabeth Bello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04-18-08 <small>Date Daytime Phone #</small>	