

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000101172

**FILED  
Jul 17, 2012  
Secretary of State**

**Entity Name:** RESIDENTIAL INSURANCE, INC.

**Current Principal Place of Business:**

1450 WEST 68 ST  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

1450 WEST 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:**

BELLO, ELIZABETH A  
1450 WEST 68 STREET  
HIALEAH, FL 33014 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  
Name: BELLO, HILDA  
Address: 1450 WEST 68 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: VPT  
Name: BELLO, REBECCA  
Address: 1450 WEST 68 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: VPS  
Name: MARTINEZ, CHRISTINA  
Address: 1450 WEST 68 STREET  
City-St-Zip: HIALEAH, FL 33014

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA BELLO MARTINEZ

VPS

07/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date