2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P02000133196

Entity Name: OLIVARES INSURANCE, INC.

Current Principal Place of Business:

6414 MALELEUCA LN
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

6414 MALELEUCA LN
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 51-0438631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, STEFFANI T
1704 17TH LANE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

MARTIN, STEFFANI T
168 WOODLAKE CIR
GREENACRES, FL 33463 US

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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: OLIVARES, MYRIAM
Address: 6414 MALELEUCA LN
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MYRIAM OLIVARES PST 03/24/2009
Electronic Signature of Signing Officer or Director — Date