2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P03000000848

Entity Name: ASG REINSURANCE BROKERS CORP.

Current Principal Place of Business:

848 BRICKELL AVE., STE. 1235
MIAMI, FL 33131

New Principal Place of Business:

660 CRANDON BOULEVARD SUITE 101
KEY BISCAYNE, FL 33149

Current Mailing Address:

848 BRICKELL AVE., STE. 1235
MIAMI, FL 33131

New Mailing Address:

660 CRANDON BOULEVARD SUITE 101
KEY BISCAYNE, FL 33149

FEI Number: 06-1682182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ULLOA, JULIO
848 BRICKELL AVE.
STE. 1235
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ULLOA, JULIO
660 CRANDON BOULEVARD, SUITE 101
KEY BISCAYNE, FL 33149 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: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ULLOA, JULIO E
Address: 848 BRICKELL AVE., STE 1235
City-St-Zip: MIAMI, FL 33131

Title: STD ( ) Delete
Name: TRAVERSO, ISABEL
Address: 848 BRICKELL AVE., STE 1235
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ULLOA, JULIO E
Address: 660 CRANDON BOULEVARD, SUITE 101
City-St-Zip: KEY BISCAYNE, FL 33149

Title: STD (X) Change ( ) Addition
Name: TRAVERSO, ISABEL
Address: 660 CRANDON BOULEVARD, SUITE 101
City-St-Zip: KEY BISCAYNE, FL 33149

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: JULIO E. ULLOA PD 04/24/2009
Electronic Signature of Signing Officer or Director — Date