

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018894

Entity Name: C. INSURANCE, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

780 S.E. 2ND PLACE
HIALEAH, FL 33010

New Principal Place of Business:

2704 S.W. 8 STREET
MIAMI, FL 33135

Current Mailing Address:

780 S.E. 2ND PLACE
HIALEAH, FL 33010

New Mailing Address:

2704 S.W. 8 STREET
MIAMI, FL 33135

FEI Number: 38-3677687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, CLAUDIA
780 S.E. 2ND PLACE
HIALEAH, FL 33010

Name and Address of New Registered Agent:

FERNANDEZ, CLAUDIA
2704 S.W. 8 STREET
MIAMI, FL 33135

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: CLAUDIA FERNANDEZ

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ, CLAUDIA
Address: 780 S.E. 2ND PLACE
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FERNANDEZ, CLAUDIA
Address: 2704 S.W. 8 STREET
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIA FERNANDEZ

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date