

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018894

Entity Name: C. INSURANCE, INC.

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

2704 S.W. 8 STREET
MIAMI, FL 33135

New Principal Place of Business:

5919 SW 8 STREET
MIAMI, FL 33144

Current Mailing Address:

2704 S.W. 8 STREET
MIAMI, FL 33135

New Mailing Address:

5919 SW 8 STREET
MIAMI, FL 33144

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
2704 S.W. 8 STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

FERNANDEZ, CLAUDIA
5919 SW 8 STREET
MIAMI, FL 33144 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: CLAUDIA FERNANDEZ

05/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FERNANDEZ, CLAUDIA
Address: 5919 SW 8 STREET
City-St-Zip: MIAMI, FL 33144

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: CLAUDIA FERNANDEZ

D

05/04/2007

Electronic Signature of Signing Officer or Director

Date