2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P03000020298

Entity Name: ALLSURANCE CORPORATION

Current Principal Place of Business:

9445 SW 40TH ST, STE. 101
MIAMI, FL 33165

New Principal Place of Business:

9445 SW 40TH ST, STE. 100
MIAMI, FL 33165

Current Mailing Address:

9445 SW 40TH ST, STE. 101
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 06-1679122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEDESMA, LILIA M
9445 SW 40TH ST, STE. 101
MIAMI, FL 33165 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: PD
Name: LEDESMA, ARNALDO L
Address: 9445 SW 40TH ST, STE. 101
City-St-Zip: MIAMI, FL 33165 US

Title: SD
Name: LEDESMA, LILIA M
Address: 9445 SW 40TH ST, STE. 101
City-St-Zip: MIAMI, FL 33165 US

Title: TD
Name: LEDESMA, DANIEL
Address: 9445 SW 40TH ST, STE. 101
City-St-Zip: MIAMI, FL 33165 US

Title: VPD
Name: LEDESMA, ELIZABETH
Address: 9445 SW 40TH ST, STE. 101
City-St-Zip: MIAMI, FL 33165 US

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: LILIA M LEDESMA S 01/05/2012

Electronic Signature of Signing Officer or Director — Date