FILED
Jun 07, 2004 8:00 am
Secretary of State
04-30-2004 90422 001 ***317.50

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000031815

1. Entity Name
ENDLESS INSURANCE SERVICES, INC.

66426734

Principal Place of Business	Mailing Address
3191 CORAL WAY SUITE 1005 MIAMI, FL 33145	3191 CORAL WAY SUITE 1005 MIAMI, FL 33145

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4485 SW 8 St	4485 SW 8 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33134 Country: USA ~~Miami-Dade~~	Zip: 33134 Country: USA

4. FEI Number: 86-1107122 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, MERRILL B ESQ
GRUENINGER & PUJOL
3191 CORAL WAY SUITE 1005
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Jose L Valdes~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Valdes Jose L. 4485 SW 8 St Miami Fl 33134 President	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jose L. Valdes — 4/29/04 — 305-448-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #