

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046599

FILED
Mar 08, 2007
Secretary of State

Entity Name: GUZMAN INSURANCE GROUP, INC.

Current Principal Place of Business:

4625 EAST BAY DRIVE
STE 207
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

4625 EAST BAY DRIVE
STE 207
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 56-2357744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, JAIRO ANDRES
1618 FIELDFARE CT
DUNEDIN, FL 34698 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: GUZMAN, JAIRO ANDRES
Address: 1618 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

Title: T (X) Delete
Name: GUZMAN, JAIRO ROBERTO
Address: AVENIDA 13 NO. 104-91
City-St-Zip: BOGOTA, COLOMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: GUZMAN, JAIRO ANDRES
Address: 1618 FIELDFARE CT
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAIRO ANDRES GUZMAN

PVST

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date