2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085835

FILED Apr 10, 2008 Secretary of State

Entity Name: PREFERRED INSURANCE CONSULTANTS, CORP.

Current Principal Place of Business: New Principal Place of Business: 3363 NE 163 ST #508 NORTH MIAMI BEACH, FL 33160 Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: North MIAMI BEACH, FL 33160 North MIAMI BEACH, FL 33160 North MIAMI BEACH, FL 33160 FEI Number: 05-0580891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Title: () Change () Addition Name:							
NORTH MIAMI BEACH, FL 33160 Current Mailing Address: Segor NW 169 ST MIAMI LAKES, FL 33018 NORTH MIAMI BEACH, FL 33160 New Mailing Address: 3363 NE 163 ST 508 NORTH MIAMI BEACH, FL 33160 FEI Number: 05-0580891 FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address: Address: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: Oty-St-Zip: MIAMI LAKES, FL 33018 City-St-Zip: MIAMI LAKES, FL 33018 NORTH MIAMI BEACH, FL 33160 Per North MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 Per North MIAMI BEACH, FL 33160 Per North MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 Per North MIAMI BEACH, FL 33160 Per North MIAMI BEACH, FL 33160 Address: OCHORITORS NORTH MIAMI BEACH, FL 33160 Per North MIAMI LAKES, FL 33018 NO	Current Principal Place of Business:				New Principal Place of Business:		
3363 NE 163 ST MIAMI LAKES, FL 33018 US 508 NORTH MIAMI BEACH, FL 33160 FEI Number: 05-0580891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: RUIZ, JORGE L 3967 NW 169 ST MIAMI LAKES, FL 33018 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: P () Delete Title: () Change () Addition Name: RUIZ, JORGE L Address: 8967 NW 169 ST Address: City-St-Zip: MIAMI LAKES, FL 33018 City-St-Zip: MIAMI LAKES, FL 33018 Address: 8967 NW 169 ST Address: 84067 NW 169 ST Address:			33160		508	H, FL 33160	
MIAMI LAKES, FL 33018 US 508 NORTH MIAMI BEACH, FL 33160 FEI Number: 05-0580891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUIZ, JORGE L 3967 NW 169 ST MIAMI LAKES, FL 33018 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTITUDE: Name: RUIZ, JORGE L Name: RUIZ, MARILIN Name: RUIZ, MARILIN Name: RUIZ, MARILIN Name: RUIZ, MARILIN Name: Address: 8967 NW 169 ST	Current Mailing Address:				New Mailing Address:		
Name and Address of Current Registered Agent: RUIZ, JORGE L 8967 NW 169 ST MIAMI LAKES, FL 33018 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: Electronic Signature of Registered Agent Date					508		
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Name: RUIZ, MARILÍN Name: Address: 8967 NW 169 ST Address:	Name: Address:	RUIZ, JORGE L 8967 NW 169 ST			Name: Address:	() Change () Addition	
	Name: Address:	RUIZ, MARILIN 8967 NW 169 ST			Name: Address:	() Change () Addition	

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: JORGE L RUIZ P 04/10/2008