

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088827

FILED
Mar 30, 2010
Secretary of State

Entity Name: CARIBBEAN ALLIANCE INSURANCE (FL) COMPANY

Current Principal Place of Business:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O POST & ROMERO
3195 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A ROMERO JR PA
3195 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134 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: D
Name: MIRANDA-CASANAS, LUIS
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: MIRANDA, MONIQUE
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: PADILLA, JORGE L
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: PEREZ, PLINIO
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

Title: D
Name: KEVANE, DONALD
Address: PO BOX 71338
City-St-Zip: SAN JUAN, PR 00919

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: LUIS MIRANDA-CASANAS

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date