

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088915

FILED
Jan 12, 2010
Secretary of State

Entity Name: EASTERN AMERICA 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:

3195 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES, FL 33134 US

Current Mailing Address:

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

New Mailing Address:

3195 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

FEI Number: 20-2663122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.
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: 2 CANDINA STREET
City-St-Zip: CONDADO, PR 00907 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: LUIS MIRANDA -CASANAS

D

01/12/2010

Electronic Signature of Signing Officer or Director

_____ Date