2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# P03000156810

Entity Name: RON OCHIPA INSURANCE AGENCY, INC.

Current Principal Place of Business:

11400 N. KENDALL DRIVE
103
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11400 N. KENDALL DRIVE
103
MIAMI, FL 33176

New Mailing Address:

FEI Number: 58-2679841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATARINEAU, JOE A CPA
7700 SW 117 AVENUE
201
MIAMI, FL 33183 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: P ( ) Delete
Name: OCHIPA, RON S
Address: 11400 N. KENDALL DRIVE, #103
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete
Name: OCHIPA, MARY C
Address: 11400 N. KENDALL DRIVE, #103
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete
Name: OCHIPA, RON S
Address: 11400 N. KENDALL DRIVE, #103
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: OCHIPA, MARY C
Address: 11400 N. KENDALL DRIVE, #103
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: RONALD S OCHIPA P 02/12/2004

Electronic Signature of Signing Officer or Director — Date