2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

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02-09-2005 90027 013 ***150.00

DOCUMENT # P04000008738

1. Entity Name
MIAMI-MED INSURANCE CORP.

66005494

02022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
12682 NW 11 LANE MIAMI, FL 33182	12682 NW 11 LANE MIAMI, FL 33182

2. Principal Place of Business		3. Mailing Address	
14970 SW 9th WAY Suite, Apt. #, etc.		14970 SW 9th WAY Suite, Apt. #, etc.	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33194	Country: USA	Zip: 33194	Country: USA

4. FEI Number: 20-0571530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, HORTENSIA 12682 NW 11 LANE MIAMI, FL 33182	Name: Hortensia Alvarez Street Address (P.O. Box Number is Not Acceptable): 14970 SW 9th Way City: MIAMI FL Zip Code: 33194

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALVAREZ, HORTNESIA 12682 NW 11 LANE MIAMI, FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALVAREZ, Hortensia 14970 SW 9th WAY MIAMI, FL 33194	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #