

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008738

FILED
Apr 10, 2007
Secretary of State

Entity Name: MIAMI-MED INSURANCE CORP.

Current Principal Place of Business:

14970 SW 9TH WAY
MIAMI, FL 33194

New Principal Place of Business:

Current Mailing Address:

14970 SW 9TH WAY
MIAMI, FL 33194

New Mailing Address:

FEI Number: 20-0571530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, HORTENSIA
14970 SW 9TH WAY
MIAMI, FL 33194 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: PSTD () Delete
Name: ALVAREZ, HORTNESIA
Address: 14970 SW 9TH WAY
City-St-Zip: MIAMI, FL 33194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HORTENSIA ALVAREZ

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

Date