

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000056145

FILED
Jul 11, 2007
Secretary of State**Entity Name:** MARIBEL SABIA INSURANCE, INC.**Current Principal Place of Business:**6464 LAKE WORTH RD
LAKE WORTH, FL 33463**New Principal Place of Business:****Current Mailing Address:**6464 LAKE WORTH RD
LAKE WORTH, FL 33463**New Mailing Address:****FEI Number:** 54-2150375**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SABIA, MARIBEL
6464 LAKE WORTH RD
LAKE WORTH, FL 33463 US**Name and Address of New Registered Agent:**ZAHN, MARIBEL
9129 DUPONT PLACE
WELLINGTON, FL 33414 US

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: MARIBEL ZAHN

07/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SABIA, MARIBEL
Address: 6464 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33463**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ZAHN, MARIBEL
Address: 6464 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify 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: MARIBEL ZAHN

PD

07/11/2007

Electronic Signature of Signing Officer or Director

Date