


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 014 ***150.00

DOCUMENT # P04000064873	
1. Entity Name QUOTA SHARE HOLDINGS, INC.	

Principal Place of Business 3911 S.W. 67TH AVENUE MIAMI, FL 33155	Mailing Address 3911 S.W. 67TH AVENUE MIAMI, FL 33155
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4075 S.W. 83 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State MIAMI, FL
Zip	Zip 33155
Country	Country MIAMI-DADE

04162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DIAZ-PADRON, CARLOS M 3911 S.W. 67TH AVENUE MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name DIAZ-Padron, Carlos Street Address (P.O. Box Number is Not Acceptable) 4075 S.W. 83 AVE. City MIAMI FL Zip Code 33155	

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 Carlos Diaz-Padron	DATE 4-16-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DIAZ-PADRON, CARLOS 3911 S.W. 67 AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carlos Diaz-Padron	DATE 4-16-08 DAYTIME PHONE # 305-505-5825