

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000100006

**FILED**  
**Nov 07, 2007**  
**Secretary of State****Entity Name:** PINNACLE INSURANCE GROUP, INC**Current Principal Place of Business:**2525 SW 27TH AVENUE  
SUITE 300  
MIAMI, FL 33133**New Principal Place of Business:**2525 SW 27TH AVENUE  
SUITE 100  
MIAMI, FL 33133**Current Mailing Address:**2525 SW 27TH AVENUE  
SUITE 300  
MIAMI, FL 33133**New Mailing Address:**2525 SW 27TH AVENUE  
SUITE 100  
MIAMI, FL 33133**FEI Number:** 20-1325847**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ALVAREZ, MARCIA C  
2525 SW 27TH AVE  
SUITE 300  
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**ALVAREZ, MARCIA C  
2525 SW 27TH AVE  
SUITE 100  
MIAMI, FL 33133 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: MARCIA C. ALVAREZ

11/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUARTE, AGUSTIN O  
Address: 2525 SW 27TH AVE, #300  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: ALVAREZ, MARCIA C  
Address: 2525 SW 27TH AVE, #300  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALVAREZ, MARCIA C  
Address: 2525 SW 27TH AVE, #100  
City-St-Zip: MIAMI, FL 33133

Title: VP (X) Change ( ) Addition  
Name: ALVAREZ, MARCIA C  
Address: 2525 SW 27TH AVE, #100  
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Change (X) Addition  
Name: ALVAREZ, MARCIA C  
Address: 2525 SW 27TH AVE, #100  
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Change (X) Addition  
Name: ALVAREZ, MARCIA C  
Address: 2525 SW 27TH AVE, #100  
City-St-Zip: MIAMI, FL 33133

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: MARCIA C. ALVAREZ

PD

11/07/2007

Electronic Signature of Signing Officer or Director

Date