

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140154

Entity Name: EMBASSY INSURANCE CORP.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

787 NW 37TH AVE.  
MIAMI, FL 33135

## New Principal Place of Business:

787 NW 37TH AVE.  
MIAMI, FL 33125

## Current Mailing Address:

787 NW 37TH AVE.  
MIAMI, FL 33125

## New Mailing Address:

FEI Number: 35-2239127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, MABEL  
6491 SW 73 ST  
SOUTH MIAMI, FL 33143 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: P ( ) Delete  
Name: GARCIA, MABEL  
Address: 6491 SW 73 ST  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP ( ) Delete  
Name: GARCIA, PLACIDO  
Address: 6491 SW 73 ST  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: ST ( ) Delete  
Name: FREIRE, HAYDEE  
Address: 3750 SW 94 AVENUE  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FREIRE, HAYDEE  
Address: 3750 SW 94 AVENUE  
City-St-Zip: MIAMI, FL 33165

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: MABEL GARCIA

P

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date