

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140154

Entity Name: EMBASSY INSURANCE CORP.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

8295 S DIXIE HIGHWAY
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8295 S DIXIE HIGHWAY
MIAMI, FL 33143

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

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

03/12/2009

Electronic Signature of Signing Officer or Director

Date