2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# P04000141504

Entity Name: AMERICAN CHOICE INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

7960 SW 8TH STREET
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

7960 SW 8TH STREET
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 20-1738218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERSAUD, SAMUEL A ESQ.
1320 SOUTH DIXIE HIGHWAY
SUITE 715
CORAL GABLES, FL 33146 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: SAMUEL A PERSAUD
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DE LA NOVAL, DANAY
Address: 1320 S. DIXIE HIGHWAY, #715
City-St-Zip: CORAL GABLES, FL 33146 US

Title: STD ( ) Delete
Name: BURKE, MITA M
Address: 1320 S. DIXIE HIGHWAY, #715
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D ( ) Delete
Name: BURKE, JAMES E
Address: 1320 S. DIXIE HIGHWAY, #715
City-St-Zip: CORAL GABLES, FL 33146

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 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: MITA BURKE S 01/12/2006
Electronic Signature of Signing Officer or Director Date