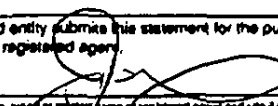
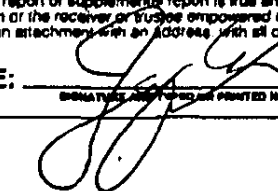


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000159075					
1. Entity Name ESTERSON INSURANCE GROUP INC.					
Principal Place of Business 8271 WEST BROWARD BLVD PLANTATION, FL 33324 US			Mailing Address 8271 WEST BROWARD BLVD PLANTATION, FL 33324 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1840717	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTERSON, JAY 4510 HUNTING TRAIL LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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 		JOY ESTERSON		5/1/2008	
Signature, typed or printed name of registered agent and vice if applicable.		NOTE: Registered Agent signature required when retitling.		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	PRES ESTERSON, JAY 8271 WEST BROWARD BLVD PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000947432 06/02/08-80015-013 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR SANCHEZ, OLGA 8271 WEST BROWARD BLVD PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA SANCHEZ, JOSE 8271 WEST BROWARD BLVD PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ESTERSON, OLGA 8271 WEST BROWARD BLVD PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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: 		JOY ESTERSON		5/1/2008 (984) 288-0976	
Signature, typed or printed name of signing officer or director		Date		Daytime Phone	