


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 010 ***150.00

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| DOCUMENT # P04000161814 |  |
| 1. Entity Name HORIZONTES SEGUROS E INVERSIONES, INC. | |

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| Principal Place of Business 10400 NW 33ST #270 MIAMI, FL 33172 US | Mailing Address 10400 NW 33ST #270 MIAMI, FL 33172 US |
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| 2. Principal Place of Business - No P.O. Box # 18136 NW 61 PLACE | 3. Mailing Address 18136 NW 61 PLACE |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|--------------------------------------|--------------------------------------|
| City & State MIAMI, FL | City & State MIAMI, FL |
|--------------------------------------|--------------------------------------|

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|---------------------|----------------------|---------------------|----------------------|
| Zip 33015 | Country US | Zip 33015 | Country US |
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| 6. Name and Address of Current Registered Agent |
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|---|
| MARENCO, VALERIA 13218 NW 8TH TERR. MIAMI, FL 33182 |
|---|

40029717



03012007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 05-0613493 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent |
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| Name VALERIA MARENCO |
| Street Address (P.O. Box Number is Not Acceptable) 5795 SW 39 ST |
| City MIAMI |
| FL |
| Zip Code 33155 |

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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | DATE 3/1/2007 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS |
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|---|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARENCO, VALERIA 10400 NW 33ST #270 MIAMI, FL 33172 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
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| | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VALERIA MARENCO 18136 NW 61 PLACE MIAMI, FL 33015 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

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| SIGNATURE: Valeria Marenco | DATE 3/1/2007 |
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