2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# P05000041339

Entity Name: MAMBO'S INSURANCE AGENCY INC.

Current Principal Place of Business:

661 SW MCCULLOUGH AVENUE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

2961 BENT PINE DRIVE
FORT PIERCE, FL 34951 US

Current Mailing Address:

PO BOX 880864
PORT ST. LUCIE, FL 34988 US

New Mailing Address:

2961 BENT PINE DRIVE
FORT PIERCE, FL 34951 US

FEI Number: 20-2517584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTES, MIGUEL A
661 SW MCCULLOUGH AVENUE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

PICHARDO, HELENE
2961 BENT PINE DRIVE
FORT PIERCE, FL 34951 US

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: HELENE PICHARDO 05/23/2007
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: MONTES, MIGUEL A
Address: 661 SW MCCULLOUGH AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP (X) Delete
Name: MONTES, HELENE
Address: 661 SW MCCULLOUGH AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: PICHARDO, HELENE
Address: 2961 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951 US

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: HELENE PICHARDO DPS 05/23/2007
Electronic Signature of Signing Officer or Director Date