2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# P05000055552

Entity Name: FLORIDA-AUTO INSURANCE AGENCY INC.

Current Principal Place of Business:

9300 SW 87TH AVE.
SUITE 4
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9300 SW 87TH AVE.
SUITE 4
MIAMI, FL 33176

New Mailing Address:

FEI Number: 05-0620922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAYUS, LESLIE
9300 SW 87TH AVE
SUITE 4
MIAMI, FL 33176 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAYUS, LESLIE
Address: 9300 SW 87 TH AVE STE 4
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Delete
Name: VALDES, LUIS VP
Address: 9300 SW 87TH AVE STE#4
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LESLIE SAYUS P 07/08/2009

Electronic Signature of Signing Officer or Director — Date