

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069126

FILED
Mar 06, 2008
Secretary of State

Entity Name: GARDENS INSURANCE INC.

Current Principal Place of Business:

13841 N.W. 23RD STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

1818 N.W. 183 STREET
MIAMI GARDENS, FL 33056 US

Current Mailing Address:

20225 SW 32 AVE
MIAMI GARDENS, FL 33056 US

New Mailing Address:

20225 NW 32 AVE
MIAMI GARDENS, FL 33056 US

FEI Number: 42-1668472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKOP, MICHAEL W
12865 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

MILLER, EVETTE J
1818 N.W. 183 STREET
MIAMI GARDENS, FL 33056 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: EVETTE J MILLER

03/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALEM, ISABEL
Address: 13841 N.W. 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, EVETTE J
Address: 20225 N.W. 32 AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: EVETTE J MILLER

P

03/06/2008

Electronic Signature of Signing Officer or Director

Date