2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

: Allytona itali oiti					Secretary or State				
DOCUMENT # P05000112234 1. Entity Name RAPID INSURANCE GROUP INC					01-27-2006 90043 021 ***150.00				
Principal Place of Business Mailing Address					განისიიჯ				
11300 NW 87 CT		11300 NW 87 CT							
150 Hialeah Gardens, Fl. 33018		150 Hialeah gardens,⊬Fl 33018			 	NTNI Kliki Ateli Kalii K			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number 20-3313			<u> </u>	olied For Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent					7. Name and A	Address of New	Registered A	lgent	
PILOTO, ANA C 11300 NW 87 CT			Name Street	Street Address (P.O. Box Number is Not Acceptable)					
150			} 						
HIALEAH GARDENS, FL 33018								T =	
							FL	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 accompany to a be a state of the st								and accept	
the obligations of registered agent. SIGNATURE									
SIGNATURE.	Signature, typed or printed name of registered agents	and title if applicable (MOTE)		t ti	Luchen reinstation		~ DATE) r	
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	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	n Financing for bution.	\$5. l Add	.00 May Be ed to Fees				
			11,		ADDITIONS (C	CHANGES TO O	TELCEDO ANIO	DIRECTOR	\ IN I 4.4
TITLE	P OFFICERS AND	Delete	TITLE	T	ADDITIONS/C	DIANGES TO OF	FFICENS AND	Change	Addition
NAME	PRADO, CARLOS	J Delicie	NAME					c.u.igo	
STREET ADDRESS	11300 NW 87 CT #150		STREET ADDRESS						
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	***************************************	CITY-ST-ZIP			-	our Ta.	7	
TITLE	VP ANA C	☐ Delete	TITLE	PIS	ESIDE OTO, A OU N.V ALBAH	1100	CKE IN	Change	☐ Addition
NAME STREET ADDRESS	PILOTO, ANA C 11300 NW 87 CT #150		NAME STREET ADDRESS	FIL	01010	11 870	t. 41	150	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP	113	AIBAH	GAR	DENS	FL 2	3018
TITLE		☐ Delete	TITLE	7	712-11-			☐ Change	Addition
NAME		-	NAME						
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				***************************************	☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
TITLE NAME		☐ Delete	TITLE NAME	1				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					- Change	Addition
NAME			NAME	٠, ٣,	*, 0.0				
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311 - 31 - En	I		2011 - 01 - 21 - 21 - 21 - 21 - 21 - 21	1	'				

12:/ Inhereby 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 additional statutes.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR