

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113650

FILED
Apr 09, 2009
Secretary of State

Entity Name: SUPRA INSURANCE AT WEST KENDALL, INC.

Current Principal Place of Business:

15651 SW 88TH ST
MIAMI, FL 33196

New Principal Place of Business:

9835 SW 72ND ST
UNIT 102
MIAMI, FL 33173

Current Mailing Address:

15651 SW 88TH ST
MIAMI, FL 33196

New Mailing Address:

9835 SW 72ND ST
UNIT 102
MIAMI, FL 33173

FEI Number: 34-2054796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, DENA F
15651 SW 88TH ST
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

GIL, DENA F
16622 SW 58 TERR
MIAMI, FL 33193 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: DENA F. GIL

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIL, DENA F
Address: 15651 SW 88TH ST
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: GIL, CIRA D
Address: 15651 SW 88TH ST
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: GIL, HEBERT
Address: 15651 SW 88TH ST
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIL, DENA F
Address: 9835 SW 72ND ST UNIT 102
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change () Addition
Name: GIL, CIRA D
Address: 9835 SW 72ND ST UNIT 102
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change () Addition
Name: GIL, HEBERT
Address: 9835 SW 72ND ST UNIT 102
City-St-Zip: MIAMI, FL 33173

Title: VP () Change (X) Addition
Name: BARROS, ERNESTO A
Address: 16622 SW 58 TERR
City-St-Zip: MIAMI, FL 33193

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: DENA F. GIL

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date