2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P05000140866

Entity Name: SKYLINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

426 SW 8 ST
SUITE # 5
MIAMI, FL 33130

New Principal Place of Business:

645 SW 7 COURT
MIAMI, FL 33130

Current Mailing Address:

426 SW 8 ST
SUITE #5
MIAMI, FL 33130

New Mailing Address:

645 SW 7 COURT
MIAMI, FL 33130

FEI Number: 83-0445061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTOYA, LILIANA
426 SW 8 ST
SUITE #5
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

MONTOYA, LILIANA
645 SW 7 COURT
MIAMI, FL 33130 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: LILIANA MONTOYA 05/01/2008
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: MONTOYA, LILIANA
Address: 426 SW 8 ST SUITE #5
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete
Name: PICON, SANTIAGO
Address: 426 SW 8 ST SUITE #5
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONTOYA, LILIANA
Address: 645 SW 7 COURT
City-St-Zip: MIAMI, FL 33130

Title: VP (X) Change ( ) Addition
Name: PICON, SANTIAGO
Address: 645 SW 7 COURT
City-St-Zip: MIAMI, FL 33130

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: LILIANA MONTOYA P 05/01/2008
Electronic Signature of Signing Officer or Director Date