2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140866

FILED May 01, 2009 Secretary of State

Entity Name: SKYLINE INSURANCE AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 645 SW 7 COURT MIAMI, FL 33130 **Current Mailing Address: New Mailing Address:** 645 SW 7 COURT 645 SW 7 COURT MIAMI, FL 33130 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: Name and Address of New Registered Agent: MONTOYA, LILIANA 645 SW 7 COURT MIAMI, FL 33130 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MONTOYA, LILIANA MONTOYA, FABIOLA Name: Name: 645 SW 7 COURT 645 SW 7 COURT Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130 Title: VΡ Title: () Change () Addition () Delete Name: PICON, SANTIAGO Name: 645 SW 7 COURT Address: Address: MIAMI, FL 33130 City-St-Zip: 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: LILIANA MONTOYA AGEN 05/01/2009