

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000159983

Entity Name: INSURANCE MASTERS, INC.

FILED  
Jun 08, 2007  
Secretary of State

## Current Principal Place of Business:

11865 SW 26 STREET  
SUITE C-41  
MIAMI, FL 33175

## New Principal Place of Business:

## Current Mailing Address:

11865 SW 26 STREET  
SUITE C-41  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: 20-4117154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOMSI, RANDA  
1690 YELLOW HEART WAY  
HOLLYWOOD, FL 33019      US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OHAN, GRACIELA  
Address: 15902 SW 108 LANE  
City-St-Zip: MIAMI, FL 33196

Title: VPS ( ) Delete  
Name: HOMSI, RANDA  
Address: 1690 YELLOW HEART WAY  
City-St-Zip: HOLLYWOOD, FL 33019

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOMSI, RANDA  
Address: 1690 YELLOW HEART WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPS (X) Change ( ) Addition  
Name: DURDUNJI, MICHAEL  
Address: 2750 NE 183 STREET, #1102  
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Change (X) Addition  
Name: OHAN, GRACIELA  
Address: 15902 SW 108 LANE  
City-St-Zip: MIAMI, FL 33196

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: RANDA HOMSI

P

06/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date