

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000017637

FILED
May 07, 2007
Secretary of State

Entity Name: INSURANCE GROUP INC OF AVENTURA

Current Principal Place of Business:

1834 NE MIAMI GARDENS DRIVE
N.MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1834 NE MIAMI GARDENS DRIVE
N.MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 11-3769744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, ANA M
1834 NE MIAMI GARDENS DR
N.MIAMI, FL 33179 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: MUNOZ, ANA M
Address: 1834 NE MIAMI GARDENS DR
City-St-Zip: N.MIAMI, FL 33179 US

Title: VP () Delete
Name: POU, MARIA A
Address: 1834 NE MIAMI GARDENS DR
City-St-Zip: N.MIAMI, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANA MUNOZ

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date