# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# P06000036037

**Entity Name:** D & M INSURANCE, CORP.

**Current Principal Place of Business:**

1830 SW 92 AVE.
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 441794
MIAMI, FL 331441794

**New Mailing Address:**

**FEI Number: 20-4482524** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ-MEDINA, LUIS
1830 SW 92 AVE
MIAMI, FL 33165 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: PEREZ-MEDINA, LUIS
Address: 1830 SW 92 AVE
City-St-Zip: MIAMI, FL 33165

Title: P ( ) Delete
Name: PEREZ-MEDINA, ISABEL
Address: 1830 SW 92 AVE
City-St-Zip: MIAMI, FL 33165

**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: LUIS PEREZ-MEDINA P 04/29/2009

Electronic Signature of Signing Officer or Director — Date