

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040625

FILED  
Jun 20, 2008  
Secretary of State

Entity Name: R C G INSURANCE COMPANIES, INC

## Current Principal Place of Business:

7150 NW 177 ST #100  
HIALEAH, FL 33015

## New Principal Place of Business:

16613 SW 54 ST  
MIAMI, FL 33185

## Current Mailing Address:

7150 NW 177 ST #100  
HIALEAH, FL 33015

## New Mailing Address:

16613 SW 54 ST  
MIAMI, FL 33185

FEI Number: 20-4553688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARRAZANA, REYNOLYS  
7150 NW 177 ST #100  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

CARRAZANA, REYNOLYS  
16613 SW 54 ST  
MIAMI, FL 33185 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: REYNOLYS CARRAZANA

06/20/2008

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: DP ( ) Delete  
Name: CARRAZANA, REYNOLYS  
Address: 7150 NW 177 ST #100  
City-St-Zip: HIALEAH, FL 33015

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CARRAZANA, REYNOLYS  
Address: 16613 SW 54 ST  
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Change (X) Addition  
Name: GOICOECHEA, IDALMIS  
Address: 16613 SW 54 ST  
City-St-Zip: MIAMI, FL 33185

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: REYNOLYS CARRAZANA

DP

06/20/2008

Electronic Signature of Signing Officer or Director

Date