

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096209

FILED
Mar 30, 2007
Secretary of State

Entity Name: DORAL ISLES INSURANCE AGENCY, INC.

Current Principal Place of Business:

10733 NW 58 STREET
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10733 NW 58 STREET
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-5332872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, CHRISTIAN A
10733 NW 58 STREET
MIAMI, FL 33178 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: DIAZ, MARIA L
Address: 10733 NW 58 STREET
City-St-Zip: MIAMI, FL 33178

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, GUSTAVO R
Address: 11505 SW 77TH AVENUE
City-St-Zip: PINECREST, FL 33156

Title: P () Change (X) Addition
Name: DIAZ, GUSTAVO G
Address: 3817 S W 82ND AVENUE UNIT # 44
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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: GUSTAVO G. DIAZ

PRE

03/30/2007

Electronic Signature of Signing Officer or Director

Date