2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P06000148787

Entity Name: DOSMARK INSURANCE, INC.

Current Principal Place of Business:

10906 SHELDON RD
TAMPA, FL 33626 US

New Principal Place of Business:

10906 SHELDON RD
TAMPA, FL 336264701 US

Current Mailing Address:

10906 SHELDON RD
TAMPA, FL 33626 US

New Mailing Address:

13001 ONEIDA ST
SPRING HILL, FL 346090918 US

FEI Number: 20-5963497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRAZANA, ARMANDO
10906 SHELDON RD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

CARRAZANA, ARMANDO
13001 ONEIDA ST
SPRING HILL, FL 346090918 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: ARMANDO CARRAZANA 05/01/2009
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: PVPS ( ) Delete
Name: CARRAZANA, ARMANDO
Address: 10906 SHELDON RD
City-St-Zip: TAMPA, FL 33626 US

Title: TD ( ) Delete
Name: CARRAZANA, ARMANDO
Address: 10906 SHELDON RD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition
Name: CARRAZANA, ARMANDO
Address: 13001 ONEIDA ST
City-St-Zip: SPRING HILL, FL 346090918 US

Title: TD (X) Change ( ) Addition
Name: CARRAZANA, ARMANDO
Address: 13001 ONEIDA ST
City-St-Zip: SPRING FL, FL 346090918 US

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: ARMANDO CARRAZANA PVPS 05/01/2009
Electronic Signature of Signing Officer or Director Date