

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004362

FILED
Feb 12, 2008
Secretary of State

Entity Name: CASTILLO INSURANCE SERVICES INC.

Current Principal Place of Business:

5430 W 9TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

6041 JOHNSON STREET
HOLLYWOOD, FL 33024

Current Mailing Address:

5430 W 9TH AVE
HIALEAH, FL 33012

New Mailing Address:

6041 JOHNSON STREET
HOLLYWOOD, FL 33024

FEI Number: 20-8170077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, JOSE
5430 W 9TH AVE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

DMS INSURANCE GROUP INC
6041 JOHNSON STREET
HOLLYWOOD, FL 33024 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: DISLA KHAIR

02/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CASTILLO, JOSE
Address: 5430 NW 9TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: VP/T () Delete
Name: CASTILLO, JOSE
Address: 5430 NW 9TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: CASTILLO, JOSE
Address: 5430 NW 9TH AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DMS INSURANCE GROUP, INC
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP/T (X) Change () Addition
Name: DMS INSURANCE GROUP, INC
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: S (X) Change () Addition
Name: DMS INSURANCE GROUP, INC
Address: 6041 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33024

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: DISLA KHAIR

PRES

02/12/2008

Electronic Signature of Signing Officer or Director

Date