

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000004362

FILED
Jun 25, 2009
Secretary of State**Entity Name:** CASTILLO INSURANCE SERVICES INC.**Current Principal Place of Business:**6041 JOHNSON STREET
HOLLYWOOD, FL 33024**New Principal Place of Business:**1850 NW 122 TERR
PEMBROKE PINES, FL 33026**Current Mailing Address:**6041 JOHNSON STREET
HOLLYWOOD, FL 33024**New Mailing Address:**1850 NW 122 TERR
PEMBROKE PINES, FL 33026**FEI Number:** 20-8170077**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DMS INSURANCE GROUP INC
6041 JOHNSON STREET
HOLLYWOOD, FL 33024 US**Name and Address of New Registered Agent:**CASTILLO, JOSE
1850 NW 122 TERR
PEMBROKE PINES, FL 33026 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: CASTILLO JOSE

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CASTILLLO, JOSE
Address: 5430 W 9 AVE
City-St-Zip: HIALEAH, FL 33012

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: JOSE CASTILLLO

PRES

06/25/2009

Electronic Signature of Signing Officer or Director

Date