

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043993

FILED
Apr 30, 2009
Secretary of State

Entity Name: CUTLER CAY INSURANCE INC

Current Principal Place of Business:

15715 SOUTH DIXIE HIGHWAY
331
MIAMI, FL 33157

New Principal Place of Business:

18590 SW 87TH AVE
MIAMI, FL 33257

Current Mailing Address:

15715 SOUTH DIXIE HIGHWAY
331
MIAMI, FL 33157

New Mailing Address:

P O BOX 571070
MIAMI, FL 33257

FEI Number: 39-2053791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMP-GAINOR, LYDIA
15715 SOUTH DIXIE HIGHWAY
331
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

STAMP-GAINOR, LYDIA
18590 SW 87TH AVE
MIAMI, FL 33257 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STAMP-GAINOR, LYDIA
Address: 15715 SOUTH DIXIE HIGHWAY, SUITE 331
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: GAINOR, THOMAS P
Address: 15715 SOUTH DIXIE HIGHWAY, SUITE 331
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STAMP-GAINOR, LYDIA
Address: P O BOX 571070
City-St-Zip: MIAMI, FL 33257

Title: VP (X) Change () Addition
Name: GAINOR, THOMAS P
Address: P O BOX 571070
City-St-Zip: MIAMI, FL 33257

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: LYDIA STAMP-GAINOR

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date