2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P07000054884

Entity Name: ANDERSON AND MCNEILL INSURANCE GROUP, #3, INC.

Current Principal Place of Business:

3300 E 4TH AVENUE, SUITE 1
HIALEAH, FL 33013

New Principal Place of Business:

491 E. HIALEAH DRIVE, SUITE 3
HIALEAH, FL 33010

Current Mailing Address:

3300 E 4TH AVENUE, SUITE 1
HIALEAH, FL 33013

New Mailing Address:

491 E HIALEAH DRIVE, SUITE 3
HIALEAH, FL 33010

FEI Number: 26-3559989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROQUE, MARITZA
3300 E 4TH AVENUE, SUITE 1
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

DUARTE, SONIA
491 E. HIALEAH DRIVE, SUITE 3
HIALEAH, FL 33010 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: SONIA DUARTE 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ROQUE, MARITZA M
Address: 3300 E 4TH AVENUE, SUITE 1
City-St-Zip: HIALEAH, FL 33013

Title: VP (X) Delete
Name: CEPEDO, MARILYN C
Address: 3300 E 4TH AVENUE, SUITE 1
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DUARTE, SONIA J
Address: 491 E HIALEAH DRIVE, SUITE 3
City-St-Zip: HIALEAH, FL 33010

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: SONIA J. DUARTE PRES 04/15/2009
Electronic Signature of Signing Officer or Director Date