

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057954

Entity Name: CARIBBEAN INSURANCE AGENCY, INC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

502-A WEST 49TH ST
HIALEAH, FL 33012

New Principal Place of Business:

900 W 49 TH ST
408
HIALEAH, FL 33012

Current Mailing Address:

502-A WEST 49TH ST
HIALEAH, FL 33012

New Mailing Address:

900 W 49 TH ST
408
HIALEAH, FL 33012

FEI Number: 26-0175846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MARY J
2711 45TH ST WEST
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

PEREZ, MARY J
6065 NW 186TH ST
110
HIALEAH, FL 33015 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:

07/08/2008

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: P () Delete
Name: PEREZ, MARY J
Address: 2711 45TH ST WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP () Delete
Name: LLORCA, MIRIAM
Address: 502-A WEST 49TH ST
City-St-Zip: HIALEAH, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, MARY J
Address: 6065 NW 186TH ST #110
City-St-Zip: HIALEAH, FL 33015

Title: VP (X) Change () Addition
Name: LLORCA, MIRIAM
Address: 900 W 49TH ST SUITE 408
City-St-Zip: HIALEAH, FL 33012

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: MARY J PEREZ

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date