

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080990

Entity Name: EC INSURANCE CORP

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

5919 S.W. 8 STREET
MIAMI, FL 33144

New Principal Place of Business:

2470 N.W 102TH PLACE
203-A
MIAMI, FL 33172

Current Mailing Address:

5919 S.W. 8 STREET
MIAMI, FL 33144

New Mailing Address:

7756 HAWTHORNE AVE
MIAMI BEACH, FL 33141

FEI Number: 26-0550407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARBALLEIRA, ENEIDA PRESIDE
5919 S.W. 8 STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

CARBALLEIRA, ENEIDA PRESIDE
2470 N.W 102TH PLACE
203-A
MIAMI, FL 33172 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: ENEIDA CARBALLEIRA

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARBALLEIRA, ENEIDA
Address: 5919 S.W. 8 STREET
City-St-Zip: MIAMI, FL 33144 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARBALLEIRA, ENEIDA
Address: 2470 N.W 102TH PLACE SUITE#203-A
City-St-Zip: MIAMI, FL 33172 US

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: ENEIDA CARBALLEIRA

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date