

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000085052

FILED
Oct 02, 2009
Secretary of State**Entity Name:** OPTIONS INSURANCE AGENCY INC.**Current Principal Place of Business:**15715 S. DIXIE HWY
233
MIAMI, FL 33157**New Principal Place of Business:****Current Mailing Address:**9006 SW 137TH STREET
SUITE B
MIAMI, FL 33176**New Mailing Address:****FEI Number:** 33-1217988**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LANCE JOSEPH P.A.
9990 SW 77TH AVE
PH-10
MIAMI, FL 33156 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PSD () Delete
Name: SUAREZ, CARIDAD
Address: 9006 SW 137TH STREET, SUITE B
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSD (X) Change () Addition
Name: MADERA, MARA
Address: 15715 S DIXIE HIGHWAY #233
City-St-Zip: MIAMI, FL 33157

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: MARA MADERA

PRES

10/02/2009

Electronic Signature of Signing Officer or Director_____
Date