

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093779

FILED
May 01, 2009
Secretary of State

Entity Name: DIRECT PROPERTY & CASUALTY INSURANCE INCORPORATED

Current Principal Place of Business:

13973 NW 67 AVENUE
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

16002 NW 83 CT
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 26-1106344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MATILDE D
16002 NW 83 CT
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

MARTINEZ, MATILDE
16002 NW 83 CT
MIAMI LAKES, FL 33016 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: MATILDE MARTINEZ

05/01/2009

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: MARTINEZ, MATILDE
Address: 16002 NW 83 CT
City-St-Zip: MIAMI LAKES, FL 3016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MATILDE MARTINEZ

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date