

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094205

Entity Name: MASTER INSURANCE, INC.

FILED  
Jul 08, 2008  
Secretary of State

## Current Principal Place of Business:

6400 JOHNSON ST  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

11456 SW 22ND CT  
DAVIE, FL 33325

## Current Mailing Address:

6400 JOHNSON ST  
HOLLYWOOD, FL 33024

## New Mailing Address:

11456 SW 22ND CT  
DAVIE, FL 33325

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITHAVAYANI, HUSSAIN  
11456 SW 22ND CT  
DAVIE, FL 33325 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

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: MITHAVAYANI, HUSSAIN  
Address: 6400 JOSNON ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: DUVAL, ROLAND  
Address: 6400 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MITHAVAYANI, HUSSAIN  
Address: 11456 SW 22ND CT  
City-St-Zip: DAVIE, FL 33325

Title: V P (X) Change ( ) Addition  
Name: SUAD, MITHAVAYANI  
Address: 11456 SW 22ND CT  
City-St-Zip: DAVIE, FL 33325

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: HUSSAIN MITHAVAYANI

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date