

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000078012

FILED
Aug 18, 2009
Secretary of State**Entity Name:** EXPRESS INSURANCE GROUP, INC.**Current Principal Place of Business:**10020 SW 122 TERRACE
MIAMI, FL 33176 US**New Principal Place of Business:****Current Mailing Address:**10020 SW 122 TERRACE
MIAMI, FL 33176 US**New Mailing Address:****FEI Number:** 01-0915401**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PITA, JOSE
3900 NW 79 AVE
810
DORAL, FL 33166 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:** SEC () Delete
Name: PITA, JOSE
Address: 3900 NW 79 AVE #810
City-St-Zip: DORAL, FL 33166**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRS (X) Change () Addition
Name: PITA-ROMERO, JOSE
Address: 10020 SW 72 TERR
City-St-Zip: MIAMI, FL 33176**Title:** SEC () Change (X) Addition
Name: PITA-ROMERO, JOSE
Address: 10020 SW 122 TERR
City-St-Zip: MIAMI, FL 33176

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: JOSE PITA-ROMERO

PRES

08/18/2009

Electronic Signature of Signing Officer or Director_____
Date