2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079352

Entity Name: AMISTAD INSURANCE, INC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5537 BURNT BRANCH CIRCLE 611 10TH STREET EAST SARASOTA, FL 34232 PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** 5537 BURNT BRANCH CIRCLE P. O. BOX 51783 SARASOTA, FL 34232 SARASOTA, FL 34232 FEI Number: 26-3338907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CULLERTON, DAMARIS IZQUIERDO, SALEZKY 2340 MCMINN STREET 5537 BURNT BRANCH CIRCLE NORTH PORT, FL 34286 US SARASOTA, FL 34232 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: SALEZKY IZQUIERDO 04/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** (X) Change () Addition MARTIN, JAVIER Name: Name: ORTEGA, RODOLFO 5537 BURNT BRANCH CIRCLE 5248 MANORWOOD DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34235 () Delete Title: () Change (X) Addition Title: Name: Name: ORTEGA, RODOLFO 5248 MANORWOOD DRIVE Address: Address: SARASOTA, FL 34235 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete TRFA ORTEGA, RODOLFO Name: Name: 5248 MANORWOOD DRIVE Address Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34235 Title: () Delete Title: VΡ () Change (X) Addition ORTEGA, ENID Name: Name: Address: Address: 5248 MANORWOOD DRIVE City-St-Zip: City-St-Zip: SARASOTA, FL 34235 Title: Title: () Change (X) Addition () Delete MARTIN, JAVIER Name: Name: Address: Address: 1205 N. LOCKWOOD RIDGE ROAD City-St-Zip: City-St-Zip: SARASOTA, FL 34237

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: RODOLFO ORTEGA PRES 04/21/2009