

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000038633

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** ACCURATE INSURANCE INC

**Current Principal Place of Business:**

8300 WEST FLAGLER ST  
#114  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8300 WEST FLAGLER ST  
#114  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESTRELLA, LUCIA  
8300 WEST FLAGLER ST  
#114  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

ESTRELLA, CARY  
8300 WEST FLAGLER ST  
#114  
MIAMI, FL 33144 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: CARY ESTRELLA

01/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ESTRELLA, CARY  
Address: 8300 WEST FLAGLER STREET #114  
City-St-Zip: MIAMI, FL 33144

I hereby 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 all other like empowered.

SIGNATURE: CARY ESTRELLA

PRES

01/25/2010

Electronic Signature of Signing Officer or Director

Date