P09000062439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Murphy, Erin L.

From: Translations [translations@cuevaslaw.com]
Sent: Wednesday, September 30, 2009 1:16 PM
To: CorpAddressChange

We respectfully request an address change for the following company:

Name: **Insuremobile, Inc.**

Doc. #: **P09000062439**

1. **Principal Place of Business:**

   7480 SW 40TH Street

   Suite 610

   Miami, FL 33155

2. **Mailing Address:**

   7480 SW 40TH Street

   Suite 610

   Miami, FL 33155

3. **Officer / Director Address**

   PSTD

   Cartagena, Oscar

   7480 SW 40TH Street

   Suite 610

   Miami, FL 33155

If you should have any questions, please do not hesitate to contact our office.

Cuevas, Ortiz & Cubas, P.A.

Edith Taylor

7480 SW 40TH Street, Suite 600