

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072824

FILED
Apr 25, 2011
Secretary of State

Entity Name: ASCENDANT COMMERCIAL INSURANCE, INC.

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE - SUITE 400
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260490
MIAMI, FL 33126

New Mailing Address:

FEI Number: 27-0835494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
FLORIDA DEPT OF FINANCIAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 323146200 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: CCEO
Name: CEJAS, PABLO L
Address: 5835 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: D
Name: CEJAS, PAUL L
Address: 5835 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: DS
Name: CEJAS, HELENE C
Address: 5835 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: D
Name: ECHAVARRIA, DANIEL
Address: 5835 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: D
Name: ORTIZ, VICTORIA M
Address: 5835 BLUE LAGOON DRIVE, SUITE 400
City-St-Zip: MIAMI, FL 33126

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: PABLO L. CEJAS

CCEO

04/25/2011

Electronic Signature of Signing Officer or Director

Date