

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24043

FILED
Feb 28, 2008
Secretary of State

Entity Name: VALOR INSURANCE AGENCY INC.

Current Principal Place of Business:

15450 NEW BARN RD.
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15450 NEW BARN RD.
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-2845677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZWIGARD, BRUCE ALBERT
8935 ARVIDA DR
CORAL GABLES, FL
MIAMI LAKES, FL 33156 US

Name and Address of New Registered Agent:

PECCI, PETER P
16415 SAPPHIRE PLACE
WESTON, FL 33331 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: PETER PECCI

02/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZWIGARD, BRUCE A
Address: 8935 ARVIDA DR.
City-St-Zip: CORAL GABLES, FL

Title: TD () Delete
Name: ZWIGARD, BRUCE A
Address: 8935 ARVIDA DR
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: ZWIGARD, BRUCE A
Address: 8935 ARVIDA DR
City-St-Zip: CAROL GABLES, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: ZWIGARD, BRUCE A
Address: 8935 ARVIDA DR.
City-St-Zip: CORAL GABLES, FL

Title: PT (X) Change () Addition
Name: PECCI, PETER
Address: 116415 SAPPHIRE PLACE
City-St-Zip: WESTON, FL 33331

Title: VPS (X) Change () Addition
Name: KNAPP, CURT
Address: 8052 NW 66 WAY
City-St-Zip: PARKLAND, FL 33067

Title: D () Change (X) Addition
Name: BLANCATO, PHIL
Address: 4400 BISCAYNE BLVD, 12TH FLOOR
City-St-Zip: MIAMI, FL 33137

Title: D () Change (X) Addition
Name: HELLER, BRIAN
Address: 4400 BISCAYNE BLVD, 12TH FLOOR
City-St-Zip: MIAMI, FL 33137

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: PETER PECCI

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date