2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P24043

Entity Name: VALOR INSURANCE AGENCY INC.

Current Principal Place of Business:

15450 NEW BARN RD.
MIAMI LAKES, FL 33014

New Principal Place of Business:

15450 NEW BARN RD.
202
MIAMI LAKES, FL 33014

Current Mailing Address:

15450 NEW BARN RD.
MIAMI LAKES, FL 33014

New Mailing Address:

15450 NEW BARN RD.
202
MIAMI LAKES, FL 33014

FEI Number: 59-2845677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PECCI, PETER P
16415 SAPPHIRE PLACE
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 PS 03/04/2009

Electronic Signature of Signing Officer or Director — Date