

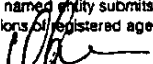
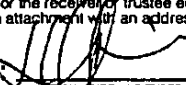


**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90001 005 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000057944</b>		
1. Entity Name MA-CUERVO INSURANCE GROUP, INC.		
Principal Place of Business 15927 BISCAYNE BLVD N. MIAMI BCH., FL 33160 US		Mailing Address 15927 BISCAYNE BLVD N. MIAMI BCH., FL 33160
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CUERVO, MARITZA O 15927 BISCAYNE BLVD N. MIAMI BCH., FL 33160		40120746  04262007 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0430627 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		<b>DO NOT WRITE IN THIS SPACE</b>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUERVO, MARITZA 15927 BISCAYNE BLVD N. MIAMI BCH., FL 33160	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE  Signature and typed or printed name of signing officer or director		DATE 4-26-07 Daytime Phone #



ATTACHMENT  
40120746  
**Ma - Cuervo Insurance Group**

15927 Biscayne Blvd.  
N. Miami Beach, FL 33160  
Tel: (305) 956-9992 Fax: (305) 956-9727  
macuervo@bellsouth.net

Miami, April 26, 2007

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
DOCUMENT # P93000057944

In referent of above document number, I sent a check for the amount \$150 dollars .  
(Check# 10353 Bank of America) Attached 2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.

Sincerely;  
Olga Maritza Cuervo