2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

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Entity Name: MA-CUERVO INSURANCE GROUP, INC.

Current Principal Place of Business:

15927 BISCAYNE BLVD
N. MIAMI BCH., FL 33160 US

New Principal Place of Business:

Current Mailing Address:

15927 BISCAYNE BLVD
N. MIAMI BCH., FL 33160

New Mailing Address:

15927 BISCAYNE BLVD
N. MIAMI BCH., FL 33160 US

FEI Number: 65-0430627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUERVO, OLGA M
15927 BISCAYNE BLVD
N. MIAMI BCH., FL 33160 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: PRES
Name: CUERVO, OLGA M
Address: 15927 BISCAYNE BLVD
City-St-Zip: N. MIAMI BCH., FL 33160

Title: VP
Name: SANCHEZ, CAROLINA A
Address: 15927 BISCAYNE BLVD.
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: S
Name: GILSCHENK, LUCAS
Address: 15927 BISCAYNE BLVD
City-St-Zip: N. MIAMI BEACH, FL 33160 US

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: OLGA M CUERVO PRES 03/26/2010

Electronic Signature of Signing Officer or Director Date