2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000074437

City-St-Zip: CORAL GABLES, FL 33134

Entity Name: CENTRAL INSURANCE NETWORK, INC.

FILED Jun 03, 2009 Secretary of State

Current F	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
395 ALHAMBRA CIRCLE SUITE 200 CORAL GABLES, FL 33134			8150 SW 8 ST SUITE 123 MIAMI, FL 33144	SUITE 123	
Current N	/lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
395 ALHAMBRA CIRCLE SUITE 200 CORAL GABLES, FL 33134			385 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		
FEI Number	r: 65-0444837	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
380 W 49		us			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution().	ot receive the prior notice.		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	D (DE ONA, JOR 385 ALHAMBR		Title: Name: Address:	() Change () Addition	

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: JORGE V DE ONA D 06/03/2009