2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# P93000087782

Entity Name: AIB INSURANCE GROUP, INC.

Current Principal Place of Business:

4227 SW 71ST AVENUE
MIAMI, FL 33155

New Principal Place of Business:

7334 SW 42ND STREET
MIAMI, FL 33155

Current Mailing Address:

4227 SW 71ST AVENUE
MIAMI, FL 33155

New Mailing Address:

7334 SW 42ND STREET
MIAMI, FL 33155

FEI Number: 65-0556661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, ANETTE R
4227 SW 71ST AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ALVAREZ, ANETTE R
7334 SW 42ND STREET
MIAMI, FL 33155 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: JOSE M ALVAREZ 06/10/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: ALVAREZ, JOSE M.
Address: 4227 SW 71ST AVENUE
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: ALVAREZ, ANETTE R
Address: 4227 SW 71ST AVENUE
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: ALVAREZ, DAVID M
Address: 4227 SW 71ST AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: ALVAREZ, JOSE M.
Address: 7334 SW 42ND STREET
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change ( ) Addition
Name: ALVAREZ, ANETTE R
Address: 7334 SW 42ND STREET
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change ( ) Addition
Name: ALVAREZ, DAVID M
Address: 7334 SW 42ND STREET
City-St-Zip: MIAMI, FL 33155

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: JOSE M ALVAREZ PCD 06/10/2008
Electronic Signature of Signing Officer or Director Date