2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024209

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LAKE WORTH, FL 33461

() Delete

FILED Apr 09, 2009 Secretary of State

Entity Na	me: INGRII	O & ASSOCIATES INS	SURANCE, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	EST HILL BI BEACH, FL	LVD STE 125 33406 US					
Current Mailing Address:				New Mailing Address:			
	EST HILL BI BEACH, FL	LVD STE 125 33406 US					
FEI Number	: 65-0486432	FEI Number Applied	d For () FEI Nui	mber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
W PALM E	EST HILL BI BEACH, FL		ent for the purpose o	of changing i	ts registere	d office or registered agent, or	both,
SIGNATU							
SIGNATOR		ronic Signature of Reg	istered Agent			 Date	
Election Car	mpaign Finan	cing Trust Fund Contribu	tion ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete GRID NG TERRACE DN, FL 33414		Title: Name: Address: City-St-Zip:		(X) Change () Addition GRID ST HILL BLVD SUITE 125 // BEACH, FL 33406	
Title: Name: Address: City-St-Zip:		() Delete ATALIA G NG TERRACE DN, FL 33414		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address:		() Delete DSE ENRIQUE H CONGRESS AVE		Title: Name: Address:		(X) Change () Addition OSE ENRIQUE ST HILL BLVD SUITE 125	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 3340661

2677 FOREST HILL BLVD, SUITE 125

WEST PALM BEACH, FL 33406

DATENA, EDUÁRDO G

() Change (X) Addition

SIGNATURE: INGRID DATENA P 04/09/2009