

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000050463

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** FIRST CLASS INSURANCE MARKET CORPORATION

**Current Principal Place of Business:**

392 MINORCA AVE  
CORAL GABLES, FL 331344304 US

**New Principal Place of Business:**

**Current Mailing Address:**

392 MINORCA AVE  
CORAL GABLES, FL 331344304 US

**New Mailing Address:**

**FEI Number:** 65-0503303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZALDIVAR, FARAH  
16370 SW 216 ST  
MIAMI, FL 33170 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

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: DP  
Name: ZALDIVAR, ANTONIO M  
Address: 16370 SW 216 STREET  
City-St-Zip: MIAMI, FL 33170 US

Title: V  
Name: ZALDIVAR, FARAH  
Address: 16370 SW 216 STREET  
City-St-Zip: MIAMI, FL 33170

Title: S  
Name: ZALDIVAR, ZULLY  
Address: 16905 SW 192 ST  
City-St-Zip: MIAMI, FL 33187

Title: S  
Name: ZALDIVAR, ZAZSHAH  
Address: 16905 SW 192 ST  
City-St-Zip: MIAMI, FL 33187

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:** ANTONIO M ZALDIVAR

DP

05/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date