

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054726

FILED
Apr 27, 2007
Secretary of State

Entity Name: GROUP 1 INSURANCE OF CORAL GABLES, INC.

Current Principal Place of Business:

PO BOX 330362
COCONUT GROVE, FL 33233 US

New Principal Place of Business:

4915 ORDUNA DRIVE
CORAL GABLES, FL 33146 US

Current Mailing Address:

PO BOX 330362
COCONUT GROVE, FL 33233 US

New Mailing Address:

FEI Number: 65-0508128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMIZO, MANUEL III
PO BOX 330362
COCONUT GROVE, FL 33233 US

Name and Address of New Registered Agent:

CHAMIZO, MANUEL III
4915 ORDUNA DRIVE
CORAL GABLES, FL 33146 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: MANUEL CHAMIZO III

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAMIZO, MANUEL
Address: PO BOX 330362
City-St-Zip: COCONUT GROVE, FL 33233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: MANUEL CHAMIZO III

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date