FILED 2007 FOR PROFIT CORPORATION Apr 27, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P96000012127 1. Entity Name CITINSURANCE AGENCY CORP. Mailing Address Principal Place of Business 10527 SW 40 ST. 6295 S.W. 34TH STREET MIAMI, FL 33165 MIAMI, FL 33155 CR2E034 (11/05) 01242007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0645461 \$8.75-Additional 5. Cértificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAVEZ, OLGA DO NOT WRITE 6295 S.W. 34TH STREET MIAMI, FL 33155 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent.

| FILE NOW!!! FEE IS \$150.0 | 0 |
|----------------------------|---|
| AM M 4 0007 F 11 b 6 | |

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS 10. ÞΝ TITLE CHAVEZ, OLGA NAME STREET ADDRESS 6295 S.W. 34TH STREET CITY-ST-ZIP MIAMI, FL. 33155 VΡ TITLE CHAVER, JAVIER NAME 6295 SW 54TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

Signature, typed or printed name of registered agent and title if applicable

U00000737001 | 05/11/07-80010-022 150.Φ0

DATE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legat 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNI OFFICER OR DIRECTOR

Daytima Phone #