2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# P96000036053

Entity Name: HEALTH FAMILY INSURANCE, INC.

Current Principal Place of Business:

1140 WEST 50 ST.
SUITE 305
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1140 WEST 50 ST.
SUITE 305
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0662907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINOSA, FERNANDO JR.
1140 WEST 50 STREET #305
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: EPINOSA, FERNANDO
Address: 7878 W. 10 AVE
City-St-Zip: HIALEAH, FL 33016

Title: PS ( ) Delete
Name: EPINOSA, FERNANDO JR.
Address: 901 NW 132 NW
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FERNANDO ESPINOSA OWNE 01/26/2006

Electronic Signature of Signing Officer or Director — Date