2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P96000040162

Entity Name: SOUTH COAST INSURANCE, INC

Current Principal Place of Business:

1065 N.E. 125TH ST.
SUITE 100
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

620 NE 12 AVENUE
APT 507
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0663849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, VINCENTE
620 NE 12 AVENUE
APT 507
HALLANDALE, FL 33009 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: P ( ) Delete
Name: MARTINEZ, VINCENTE
Address: 620 NE 12TH AVE #507
City-St-Zip: HALLANDALE, FL

Title: VP ( ) Delete
Name: MARTINEZ, MARIA
Address: 620 NE 12 AVE #507
City-St-Zip: HALLANDALE, FL

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 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: VINCENT MARTINEZ P 04/16/2009

Electronic Signature of Signing Officer or Director — Date