2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040162

Entity Name: SOUTH COAST INSURANCE, INC

FILED Jan 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1065 N.E. 125TH ST. 2124 N E 123 STREET SUITE 100 SUITE 202

NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

620 NE 12 AVENUE APT 507 HALLANDALE, FL 33009

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

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

MARTINEZ, VINCENTE
620 NE 12 AVENUE
621 NE 12 AVENUE
622 NE 12 AVENUE
623 NE 12 AVENUE
624 NE 12 AVENUE
625 NE 12 AVENUE
626 NE 12 AVENUE
627 NE 12 AVENUE

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: VINCENT MARTINEZ 01/17/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: MARTINEZ, VINCENT Address: 620 NE 12TH AVE #507 City-St-Zip: HALLANDALE, FL

Title: VP

Name: MARTINEZ, MARIA
Address: 620 NE 12 AVE #507
City-St-Zip: HALLANDALE, FL

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: VINCENT MARTINEZ P 01/17/2011