2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000062907 TRANSATLANTIC INSURANCE BROKERS & MANAGEMENT COMPANY Principiil Place of Business Malling Address 8370 W FLAGLER ST, #252 8370 W FLAGLER ST, #252 MIAMI, FL 33144 MIAMI, FL 33144

100



FILED Jul 28, 2008 08:00 AM Secretary of State

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DO NOT WRITE IN THIS SPACE

07092008 No Chg-P CR2E034 (11/05)

| 4. | FEI Number | Applied For |
|----|----------------|----------------|
| | NOT APPLICABLE | Not Applicable |
| | | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DALE, JERRY M ESQ DO NOT WRITE 8370 W FLAGLER ST, #252 MIAMI, FI, 33144 INSTHIS SPACE

| 8. The above builded 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 egistered agent. | | | | | | | |
|--|--|--|---------------------------------------|---|---------------------------------------|--|--|
| SIGNATURE | Signature, typog or printed name of registered agent and title if applicable | (1 INOTE: Rugis eroc Acont signatur | o (equited when semulating) | 7/23 DATE | 100 | | |
| | | Election Campaign Financing (rust Fund Contribution. | \$5.00 May Be Added to Fees | In accordance with s. 607.1 corporation did not receive | 93(2)(b), F.S., the the prior notice. | | |
| 10. | OFFICERS AND DIRECTORS | | No. of the second | | S. C. Service Service | | |
| THE NAME STREET ADDRESS CHY-ST-7th | PVST MAYES, EDUARDO L 250 SHORE DRIVE EAST MIAMI, FL 33133 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | are Velo sios | | |
| TITLE NAME STREET ADDRESS CHY+ST-ZIP | | 4.9 1 | | | | | |
| TITLE HAME STRUET ADDRESS CITY-ST-ZIP | | | 1 D0 | NOT WRITE | | | |
| TOTAL NAME - STREET ADDRESS CITY-ST-21P | | | NI. | THIS SPACE | | | |
| TITLE RAME SUPECT APERESS CHY-S1-7P | | | | | | | |
| THEF HIGHE SINCET ADDRESS CITY-CT-727 - | certify that the information supplied with this filling do | | Suggest in Chapter | | | | |

Treeply certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, runned statutes. I furner certify that I am an officer or director of the corporation or the receiver or furstee ampowered 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 attachmont with an appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with appears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papears in Block 10 or Block 11 if changed, or on an attachmont with a papear in Block 10 or Block 11 if changed in Block 11 if ch

SIGNATURE: