2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P97000085689

Entity Name: INSURANCE CORNER, INC.

Current Principal Place of Business:

3680 NW 11TH STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

3680 NW 11TH STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0795970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUSTILLO, ARMANDO J
3680 NW 11TH STREET
MIAMI, FL 33125

Name and Address of New Registered Agent:

SILVA, ARMANDO J
3680 NW 11TH STREET
MIAMI, FL 33125

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: ARMANDO J SILVA 05/01/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SILVA, ARMANDO
Address: 3680 NW 11TH STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SILVA, ARMANDO
Address: 3680 NW 11TH STREET
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARMANDO J SILVA PD 05/01/2004
Electronic Signature of Signing Officer or Director Date