

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017409

Entity Name: MAR INSURANCE GROUP, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1861 EDWIN BLVD
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1861 EDWIN BLVD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 65-0817822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENRIQUEZ, STEPHEN C
19 WEST FLAGLER ST, STE 600
MIAMI, FL 33130 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: PVSD () Delete
Name: ORTIZ, VICTORIA
Address: 1861 EDWIN BLVD
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: ERIQUEZ, STEVEN
Address: 19 WEST FLAGLER ST #600
City-St-Zip: MIAMI, FL 33130

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: VICTORIA M. ORTIZ

PRES

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date