2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000039584

Entity Name: OCCIDENTAL INSURANCE UNDERWRITERS, INC.

FILED Aug 21, 2009 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

11400 WEST FLAGLER STREET, STE. 111 MIAMI, FL 33174

11400 WEST FLAGLER STREET.

111

MIAMI, FL 33174

Current Mailing Address:

New Mailing Address:

11400 WEST FLAGLER STREET, STE. 111 MIAMI, FL 33174

11400 WEST FLAGLER STREET.

MIAMI, FL 33174

FEI Number: 65-0833533

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:

SANCHEZ, REGLAYMIS

SANCHEZ, ONELIO

11400 WEST FLAGLER STREET, STE. 111

11400 WEST FLAGLER STREET,

MIAMI, FL 33174 US

MIAMI, FL 33174 US

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.

Title:

SIGNATURE: ONELIO SANCHEZ

08/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete SANCHEZ, REGLAYMIS

Name: 11400 WEST FLAGLER STREET, STE. 111 Address:

City-St-Zip: MIAMI, FL 33174

() Delete Title: **PVST** Name: SANCHEZ, REGLAYMIS

11400 WEST FLAGLER STREET, STE. 111 Address:

MIAMI, FL 33174 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS (X) Change () Addition

SANCHEZ, REGLAYMIS Name:

11400 WEST FLAGLER STREET, STE. 111 Address:

City-St-Zip: MIAMI, FL 33174

Title: **VPRE** (X) Change () Addition

SANCHEZ, ONELIO Name:

Address: 11400 WEST FLAGLER STREET, STE. 111

MIAMI, FL 33174 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: REGLAYMIS SANCHEZ **PRES** 08/21/2009

Electronic Signature of Signing Officer or Director

Date