

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000059911

**FILED**  
**May 25, 2007**  
**Secretary of State****Entity Name:** POSITIVE INSURANCE, INC.**Current Principal Place of Business:**4743 S.W. 8TH STREET  
MIAMI, FL 33134**New Principal Place of Business:****Current Mailing Address:**4743 S.W. 8TH STREET  
MIAMI, FL 33134**New Mailing Address:****FEI Number:** 65-0849163      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GONZALEZ, MARIELA S  
3890 N.W. 4TH STREET  
MIAMI, FL 33126      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**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** GONZALEZ, MARIELA S  
**Address:** 3890 N.W. 4TH STREET  
**City-St-Zip:** MIAMI, FL 33134**Title:** TD      ( ) Delete  
**Name:** GONZALEZ, LUIS  
**Address:** 3890 N.W. 4TH STREET  
**City-St-Zip:** MIAMI, FL 33134**Title:** SD      (X) Delete  
**Name:** SEGARRA, ALINA  
**Address:** 6738 N.W. 188TH TERRACE  
**City-St-Zip:** MIAMI, FL 33015**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: MARIELA S GONZALEZ

PD

05/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date