

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077841

FILED
Feb 21, 2008
Secretary of State

Entity Name: BORBOLLA INSURANCE AGENCIES, INC.

Current Principal Place of Business:

265 SEVILLA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

320 SEVILLA AVENUE
SUITE 202
CORAL GABLES, FL 33134

Current Mailing Address:

265 SEVILLA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

320 SEVILLA AVENUE
SUITE 202
CORAL GABLES, FL 33134

FEI Number: 65-0861871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORBOLLA, LETICIA H
320 SEVILLA AVENUE
SUITE 202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BORBOLLA, IGNACIO
320 SEVILLA AVENUE
SUITE 202
CORAL GABLES, FL 33134 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.

SIGNATURE: IGNACIO BORBOLLA

02/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BORBOLLA, LETICIA H
Address: 265 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: BORBOLLA, IGNACIO
Address: 265 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BORBOLLA, LETICIA H
Address: 320 SEVILLA AVENUE #202
City-St-Zip: CORAL GABLES, FL 33134

Title: P (X) Change () Addition
Name: BORBOLLA, IGNACIO
Address: 320 SEVILLA AVENUE #202
City-St-Zip: CORAL GABLES, FL 33134

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: IGNACIO BORBOLLA

P

02/21/2008

Electronic Signature of Signing Officer or Director

Date