

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085598

FILED
May 01, 2006
Secretary of State

Entity Name: DIRECT FLORIDA INSURANCE, INC.

Current Principal Place of Business:

14122 SW 80TH STREET
MIAMI, FL 33183

New Principal Place of Business:

320 SW 23RD ROAD
MIAMI, FL 33129

Current Mailing Address:

14122 SW 80TH STREET
MIAMI, FL 33183

New Mailing Address:

320 SW 23RD ROAD
MIAMI, FL 33129

FEI Number: 65-0878780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, AMY C
14122 SW 80TH STREET
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

ALFONSO, AMY C
320 SW 23RD ROAD
MIAMI, FL 33129 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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, AMADA T
Address: 14122 SW 80TH STREET
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, AMADA T
Address: 320 SW 23RD ROAD
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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: AMDA T. GARCIA

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date