2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P98000087247 **DOCUMENT #** 1. Entity Name 04-14-2003 90048 020 ***150.00 FLORIDA GENERAL AGENCY, INC. Principal Place of Business Mailing Address 1140 W 50 STREET 1140 W 50 STREET SUITE 305 SUITE 305 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0868038 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ernando ESPINOSA, JORGE A Street Address (P.O. Box Number is Not Acceptable) 6841 W 35 LANE HIALEAH FL 33016 1140 WEST 50 ST #302 City 8. The above named entity stomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE rinted name of registered agent and in fannlicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition Delete NAME ESPINOSA, FERNANDO NAME Fernando Espinosa TR STREET ADDRESS 6841 W 35 LANE STREET ADDRESS T #305 140 WEST 50 CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP tialeall ☐ Delete Change ___ Addition TITLE TITLE rnando Espinosa JR NAME ESPINOSA, FERNANDO JR NAME STREET ADDRESS 6792 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or an attachment wi all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED