2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2011
Secretary of State

DOCUMENT# P99000042771

Entity Name: WEST SUNSET INSURANCE, INC.

Current Principal Place of Business:

10300 SUNSET DRIVE
470F
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10300 SUNSET DRIVE
470F
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0917538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FACENDA, MARIA
14325 S.W. 57 LANE
UNIT # 15
MIAMI, FL 33183 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: VP
Name: TORO, LILIANA
Address: 19907 N.W. 67TH CIRCLE COURT
City-St-Zip: MIAMI, FL 33015

Title: P
Name: FACENDA, MARIA
Address: 14325 S.W. 57 LANE # 15
City-St-Zip: MIAMI, FL 33183

Title: VP
Name: TORO, LILIANA
Address: 19907 N.W. 67TH CIRCLE COURT
City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: MARIA FACENDA PRES 01/20/2011

Electronic Signature of Signing Officer or Director — Date