2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR F

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P99000047733 04-23-2007 90282 008 ***150.00 1. Entity Name HBA INSURANCE GROUP, INC. Principal Place of Business Mailing Address 40010410 2500 NW 79TH AVE 2500 NW 79TH AVE SUITE 101 SUITE 101 MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0930028 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKHAM, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BECKHAM, WILLIAM E NAME NAME STREET ADDRESS 12500 VIRTUDES STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 C11Y-ST-Z1P ☐ Delete Change Addition TITLE TITLE FREYRE, ERNESTO NAME NAME 605 OCEAN DR, UNIT 5K STREET ADDRESS STREET ADDRESS KEY BISCAYNE, FL 33149 CITY - S1 - ZIP CITY-ST-ZIP Delete DV ITLE ☐ Change Addition TITLE ALVAREZ, FAUSTO NAME NAME STREET ADDRESS 5991 SW 88ST STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33114 ☐ Delete TITLE ☐ Channe Addition TITLE MINIET, OSCAR NAME NAME 2500 NW 79TH AVE. SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE VΤ MOLL, CARL H NAME NAME 10060 SHERIDAN ST, APT 109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☐ Change ■ Addition HILE Delete TITLE JACOBSON, MARC NAME NAME STREET ADDRESS STREET ADDRESS 115 E REVO ALTO DRIVE MIAMI, FL 33139 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

305-714-4555 Daylere Phone . Page 1 0 F 3

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUN	/ENT#	P99000047	733			2	7				
1. Entity Name HBA INSU		ROUP, INC.		ATTACHMENT							
Principal Place	of Business	Mailing Address									
2500 NW 79TH AVE SUITE 101			2500 NW 79TH AVE Suite 101				40078419				
MIAMI, FL 33	122			L 33122				100,10		_	
2. Principal Pla	ace of Business	· No PO Box#	3. Mailing	Address							
State, Apt. #, etc.			Suite, Ap	ot #, etc.		7.44	0411200	7 Chg-P	CR2E03	4 (12/06)	
City & State			City & State				4. FEI Num 65-09	nber 30028			olied For Applicable
Zip		Country	Zıp		Coun	ntry	5. Certifica	ite of Status Desired		8.75 Addi	
	6. Name and	d Address of Current	Registered A	gent	<u>l</u>		7 Name a	nd Address of New			
BECKHAM	: WILLIAM E	:				Name					
BECKHAM, WILLIAM E 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122						Street Address (P.O. Box Nurriber is Not Acceptable)					
						City				Zip Code	
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the obligati	ions of registere	diagent.				ed Ageni signature (eq			CATE		
FILI After Ma	E NOW!!! FI ay 1, 2007 F	EE IS \$150.00 See will be \$550	I	Election Campa Trust Fund Con	-	,	55.00 May Be added to Fees				
10.		OFFICERS AND	DIRECTORS		11.		ADDITION	S/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
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IIILE	V.	FL 33157		☐ Delete	101	Y S1 ZIP				Change	Addition
NAME	CARIOS	LACASA		r veres	NAI	1				C change	Addition
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indicated of the co	cerlify that the i d on this report o prporation or the	information supplied work suppliemental repor receiver or trustee en himent with an address	ith this filing di Lis true and ac ipowered to ex	curate and that ecute this repo	t my sign at as req	lature shall have	the same legal e	effect as it made unge	er oath; that I	am an office	er or director
		(un		//	<u>-</u> /	PND	,	4/2/2	₹.r.	- -) . U	453.C
SIGNAT	IURE:	SIGNATURE AND TYPED O	R RINTED NAME	OF SIGNING OFFICE	ER DR DIRE	CTOR		4/7/07		Paytin-e Historie M	
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CUMENT # P9900004	T CORPORATION TO THE TOTAL TO T		ATTACHMENT	
opal Place of Business ONW 79TH AVE TE 101 Mi, FL 33122	Mailing Address 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122		40078419	
Principal Place of Business - No P.O. Box #	3. Mailing Address Sure, Apt #, etc		04112007 Chg-P CR2E034 (12/06)	
Suile, Apt. #, etc	City & State		4. FEI Number Not Apolicable 65-0930028 \$8.75 Additional	
City & State Country	Zip	Country	Certificate of Status Desired Fee Required Name and Address of New Registered Agent	4
6. Name and Address of C	urrent Registered Agent	Name	ss (P.O. Box Number is Not Acceptable)	1
SECKHAM, WILLIAM E 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122			El Zip Code	31
The above named entity submits this state obligations of registered agent. SIGNATURE	pistered agent and bite it applicable	gills registered office or res (not Pegatered Agent Signature ampaign Financing	gistered agent, or both, in the State of Florida. I am familiar with, and accept required when remaining? \$5.00 May Be Added to Fees	
10	CERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Additional Addition	dition
ITLE NAME STREET ADDRESS CITY ST 144 Pembroke 1	o;nes, FL 33009	CITY-ST /IP INTE NAME	[] olange	iddnioi)
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STREET ADDRESS CILY-ST-ZIP LILLE RAMAL STREET ADDRESS CILY ST-ZIP LIKE] Delete IIILE NAME STREET ACH	press contained in Chapter 119. Florida Statutes. I further cer bly that the in shall have the same legal affect as if made under cath; that I am an officer by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Chapter 607. Florida Statutes; and that my name appears in Block 10 or Chapter 607. Florida Statutes; and that my name appears in Block 10 or Chapter 607. Florida Statutes; and that my name appears in Block 10 or Chapter 607. Florida Statutes; and that my name appears in Block 10 or Chapter 607.	niormati