2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 8:00 am Secretary of State

DOCUMENT # P99000047733 1. Entity Name HBA INSURANCE GROUP, INC.					01-28-2008 90049 024 ***150.00				
Principal Place of Business 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122		Mailing Address 2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122			TOUTTOE O				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.		01242008	Chg-P	CR2E034 (12/06))		
City & State		City & State		4. FEI Number 65-0930		 - -	pplied For lot Applicable		
Zip	Country	Zip	Coun	itry		of Status Desired	S8.75 Ad	Iditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BECKHAM, WILLIAM E				Nane					
2500 NW 79TH AVE SUITE 101 MIAMI, FL 33122			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip Coo	de	
The above named entity submits this statement for the purpose of changing its registere				ed office or register	<u> </u>				
SIGNATURE	ions of registered agent. Signature, typed or primed name or registered agent	at and tale if applicable. (NO		e Agent signature recurse.	(when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	TE 1 25	-	· /=, ~~.	ed to Fees				
10.	OFFICERS AND				ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECKHAM, WILLIAM E 12500 VIRTUDES STREET MIAMI, FL 33156	☐ Delate					☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	DC FREYRE, ERNESTO 605 OCEAN DR, UNIT 5K KEY BISCAYNE, FL 33149	☐ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALVAREZ, FAUSTO 5991 SW 88ST MIAMI, FL 33114	☐ Deicte	TITLI NAM STRE	E			☐ Change	☐ Addition	
THILE NAME STREET ADDRESS CHTY-ST-ZIP	DV MINIET, OSCAR 2500 NW 79TH AVE. SUITE 10 MIAMI, FL 33122	☐ Delete		4			☐ Chan g e	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOLL, CARL H 10060 SHERIDAN ST, APT 109 PEMBROKE PINES, FL 33024	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBSON, MARC 115 E REVO ALTO DRIVE MIAMI, FL 33139	☐ Delete					☐ Change	☐ Addition	
12. I hereby of indicated of the corrections	certify that the information supplied we on this report or supplemental report poration or the receiver or trustee em, or on an attachment with an address	th this filing does not qualify f is true and accurate and that powered to execute this repor , with all othe like empowered	for the exi my signa t as requi	emptions contained ture shall have the red by Chapter 601	i in Chapter 119, same legal effect 7. Florida Statutes	Florida Statutes. I as if made under on and that my name	further certify that the bath; that I am an office appears in Block 10 c	information ir or director or Block 11 if	

SIGNATURE:

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ATTACHMENT DOCUMENT # P99000047733 HBA INSURANCE GROUP, INC. Principal Place of Business Mailing Address 2500 NW 79TH AVE 2500 NW 79TH AVE SUITE 101 **SUITE 101** MIAMI, FL 33122 MIAMI, FL 33122 40011626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 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 Fee Required 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. Signature, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when remarating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME MAMON A. ROCKRIGUEZ 9441 5.00 148 54. STREET ADDRESS STREET ADDRESS Minmi, FL 33174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition Hichael Keeby 15220 SW 85 Are. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Minni, FL 33157 TITLE Delete TITLE ☐ Change ☐ Addition CHRLOS LHCHSA NAME NAME 2225 310 132 31 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Mirmi, FL 33175 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PATRICIA MAIXIOZA NAME 10310 SW 90 St. STREET ADDRESS STREET ADDRESS Hipmi, FL 33174 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete THILE HAME HAME NORMAN MORKIS 3586 AVDEACE AYE STREET ADDRESS STREET ADDRESS Coconut GALIO, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE П Спапае AIFRADO PIXIRIAI 2818 SU MA PL NAME MAME STREET ADDRESS STREET ADDRESS Himi, FL 33175 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered. (Fel ENA

NG OFFICER OR DIRECTOR

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