Jul 17, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Secrétary of State P99000105802 DOCUMENT # 07-17-2003 90027 032 ***150.00 1. Entity Name EISEN HOWER INSURANCE GROUP CO. Principal Place of Business Mailing Address 1695 N.E. 123 ST. 1940 ALAMANDA DR. MIAMI FL 33181 N. MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0979023 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PONTI, CARLO Street Address (P.O. Box Number is Not Acceptable) 1940 ALAMANDA DRIVE NORTH MIAMI FL 33181 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003. Fee will be \$750.00 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 Delete TITLE Change Addition PONTI, CARLO NAME NAME 1940 ALAMANDA DR. STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

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Eisenhower Insurance Group Co 1695 NE 123RD Street Miami FL 33181

Ph: 305-895-9693 Fax: 305-895-1038

E-mail: eisenins@bellsouth.net

Eisenhower Insurance Group Co

Friday, July 11,2003

To: Florida Department of State /Division of Corporation

Re: 2003 UBR

From: Eisenhower-Insurance Group Co/ Carlo ponti (FEIN # 6520979023)

I am Carlo ponti the registered agent of said Corporation apologize for the inconvenient we have

Caused by filling the UBR late But This notice is the first and the only one I have received therefore I

Request you to wave the penalty enclose is a check for \$150.00

Cordially.

CARLO PONTI 07/11/2003

We Write All Types of Insurance All over Florida