

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90549 019 ***150.00

DOCUMENT # P00000012575
1. Entity Name
AAAAA INSURANCE AGENCY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7411 SW 66 ST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 347826
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip
33143
Country
USA

City & State
CORAL GABLES FL
Zip
33234
Country
USA

4. FEI Number
65-0988735
Applied For
 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
GISELA ACOSTA
Street Address (P.O. Box Number is Not Acceptable)
7411 SW 66 ST
City
MIAMI FL Zip Code
33143

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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR to \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>GISELA ACOSTA, PRES.</u> <u>7411 SW 66 ST</u> <u>MIAMI, FL 33143</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ISABEL BENITEZ, TREAS</u> <u>7411 SW 66 ST</u> <u>MIAMI, FL 33143</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SEC DIR</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 6-25-02 Daytime Phone # 3056677717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR7PESLAR 11/2/01



AAAAA INSURANCE AGENCY INC.
All Forms of Insurance

Tel: 305-667-7717
Fax: 305-667-7727

P.O. Box 347826
Coral Gables, FL 33234

*Attachment
ID# P0000012575
B0127082*

June 25, 2002

**Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Fl. 32314**

Re: P000012575

Articles of Amendment to this corporation were filed Sept 17, 2001. Because we have not received the current form for the 2002 Annual Report/Uniform Business Report, we are enclosing this statement prepared from a blank form.

Thank you for your attention to this request.

Gisela Acosta, President