2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000012575 1. Entity Name AAAAA INSURANCE AGENCY, INC.									Feb 23, 20 Secreta			
Principal Plac	e of Busines	Maîlin	Mailing Address									
7411 SW 66 ST MIAMI FL 33143				PO BOX 347826 CORAL GABLES FL 33234								
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2. Principal F	Place of Busin	3. Mail	3. Mailing Address									
Surte, Apt. #, etc.			Suite	Suite, Apt. #, etc.					MOORE CF	R2E034 (1	1/03)	• •
City & State			City	City & State				4. F	El Number 65-0982755			plied For t Applicable
Zip	(ip Country		Zip	Zip		ountry		5. Certificate of Status Desired				
	6. Name	and Address of C	urrent Registere	ed Agent		Name		7. N	lame and Address of New Reg	istered Age	nt	
ACC	OSTA, GIS	SELA		v ·				<u> </u>	No. No. and an in No.			
7411 SW 66 ST MIAMI FL 33143				•		Street Add	oress (I	P.O. B	lox Number is Not Acceptable)			·
									<u> </u>		7 0 0	·, »
					-	City					Zip Code	
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 tible if applicable (NOTE Registered Agent signature required when romstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								-	Election Campaign Finan Trust Fund Contribution.	cing		O May Be to Fees
10.			IS AND DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	3 JN 11
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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 of 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.												
SIGNATURE: GISCLA A COSTA							<u></u> ,	<u></u> .	2/19/04	3054		7717
1	\	SIGNATURE AND TY	PED OR PRINTED NAM	IE OF SIGNING OFFICER	OR DIRECT	TOR			Date	Daylim	e Phone #	,

FILED