## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000012575

Entity Name: AAAAA INSURANCE AGENCY, INC.

FILED Jul 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 5040 NW 7 STREET
 5805 BLUE LAGOON

 SUITE 800
 SUITE 280

 MIAMI, FL 33126
 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

PO BOX 347826 CORAL GABLES, FL 33234

FEI Number: 65-0982755 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACOSTA, GISELA
5040 NW 7 STREET
5017 SUITE 800
MIAMI, FL 33126 US

BENITEZ, ISABEL
5805 BLUE LAGOON DRIVE
SUITE 280
MIAMI, FL 33126 US

MIAMI, FL 33126 US

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: ISABEL BENITEZ 07/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition Name: ACOSTA, GISELA Name: BENITEZ, ISABEL

 Name:
 ACOSTA, GISELA
 Name:
 BENITEZ, ISABEL

 Address:
 5040 NW 7 STREET #800
 Address:
 5805 BLUE LAGOON DRIVE #280

City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33126

Title: TD () Delete Title: TD (X) Change () Addition
Name: BENITEZ ISABEL Name: ARBOLAEZ MARIA

 Name:
 BENITEZ, ISABEL
 Name:
 ARBOLAEZ, MARIA

 Address:
 7411 SW 66 ST
 Address:
 9965 SW 28TH STREET

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:
 MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL BENITEZ PRES 07/06/2006