## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2008 08:00 A Secretary of State

ANNUAL KEPUK I					P	0 4	C C
	MENT # 608442			À	secreta	ry of S	
Entity Name     CHARIOT INSURANCE CORPORATION							
Principal Place 4246 WEST HIALEAH, FL	16 AVENUE	Mailing Address 4246 WEST 16 AVENUE HIALEAH, FL 33012			N 88181 (CXII 81817 81818 1181	1 21011 1 1211 6 1111	IIBN BNOIBBI IY IBBY
C	OO NOT WRITE	04032008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S9-1949995 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required					
4246 WES	6. Name and Address of Current Re Z, MIGUEL MARIANO ST 16TH AVENUE FL 33012		_	NOT W THIS SP			
	named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and		ed office or register		oth, in the State of Flo	rida. I am familia	with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution			· _ ••	.00 May Be ed to Fees	U00000 04/18/08-	)886516 -80060-014	150.00
10.	OFFICERS AND DIF	ECTORS	I		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV SANCHEZ, MIGUEL M 4246 W 16 AVE. HIALEAH, FL 33012						
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			IN <sup>·</sup>	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY ST-ZIP							
TITLE			1				

12. Thereby 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 oath; that I am an officer or director of the corporation or the ceceiver 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATUME AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

305-557-700d