

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 648596

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: ALL MOTORS ASSURANCE AGENCY, INC.

## Current Principal Place of Business:

888 NW 27 AV  
STE-#5  
MIAMI, FL 33125

## New Principal Place of Business:

## Current Mailing Address:

888 NW 27 AV  
STE-#5  
MIAMI, FL 33125

## New Mailing Address:

FEI Number: 59-1964467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VASQUEZ, ARNULFO  
888 NW 27 AVE  
SUITE #5  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VASQUEZ, ARNULFO,  
Address: 888 NW 27 AV  
City-St-Zip: MIAMI, FL 33125

Title: VS ( ) Delete  
Name: ORTEGA, JORGE,  
Address: 7361 BIRD RD  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARNULFO VASQUEZ

PRES

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date