

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 648596

1. Entity Name
ALL MOTORS ASSURANCE AGENCY, INC.



Principal Place of Business

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

Mailing Address

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

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1964467
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

ARNULFO VASQUEZ

(NOTE: Registered Agent signature required when reinstating)

7/14/08

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VASQUEZ, ARNULFO
STREET ADDRESS	888 NW 27 AV
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VS
NAME	ORTEGA, JORGE
STREET ADDRESS	7361 BIRD RD
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955420
07/17/08-80004-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 receiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNULFO VASQUEZ

PRES

7/14/08

305-649-3947

Date

Daytime Phone #