

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88390

Entity Name: A & G INSURANCE, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

1870 W. 60 ST
#A
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1870 W. 60 ST
#A
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-2207370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ANA
3184 SW 27 STREET
MIAMI, FL 33133 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: PS () Delete
Name: CARP, CRISITNA
Address: 13229 SW 85 LANE
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: GONZALEZ, LILIANA
Address: 5701 COLLINS AVE., #1609
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: CARP, CRISITNA A
Address: 13229 SW 85 LANE
City-St-Zip: MIAMI, FL 33183

Title: V (X) Change () Addition
Name: GONZALEZ, LILIANA A
Address: 5701 COLLINS AVE., #1609
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRISTINA CARP

PS

01/07/2005

Electronic Signature of Signing Officer or Director

Date