

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F88390

Entity Name: A & G INSURANCE, INC.

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

1870 W. 60 ST  
#A  
HIALEAH, FL 33012

## Current Mailing Address:

1870 W. 60 ST  
#A  
HIALEAH, FL 33012

## New Principal Place of Business:

1870 W 60 ST  
SUITE A  
HIALEAH, FL 33012 MD

## New Mailing Address:

1870 W 60 ST  
SUITE A  
HIALEAH, FL 33012 MD

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:

GONZALEZ, ANA A AGENT  
3184 SW 27 STREET  
MIAMI, FL 33133 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: ANA GONZALEZ

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: CARP, CRISITNA A  
Address: 13229 SW 85 LANE  
City-St-Zip: MIAMI, FL 33183  
  
Title: V ( ) Delete  
Name: GONZALEZ, LILIANA A  
Address: 5701 COLLINS AVE., #1609  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition  
Name: CARP, CRISTINA A PRES  
Address: 13229 SW 85 LANE  
City-St-Zip: MIAMI, FL 33183 MD  
  
Title: MS (X) Change ( ) Addition  
Name: GONZALEZ, LILIANA A VP  
Address: 5701 COLLINS AVE #1609  
City-St-Zip: MIAMI BEACH, FL 33140 MD

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: CRISTINA CARP

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date