

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90786 001 *1,428.75

DOCUMENT # G80761

1. Entity Name
U.S. OVERSEAS ASSURANCE LTD. INC.



Principal Place of Business
10780 S.W. 190TH STREET
MIAMI, FL 33157 US

Mailing Address
10780 S.W. 190TH STREET
MIAMI, FL 33157 US

66013447



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2379228

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESQUIVEL, J. AL, DR.
10780 S.W. 190TH STREET
MIAMI, FL 33157

**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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCS
NAME ESQUIVEL, J. AL, DR.
STREET ADDRESS 10780 S.W. 190TH STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE D
NAME ESQUIVEL, J. AL, DR.
STREET ADDRESS 10780 S.W. 190TH STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE VD
NAME CARRIO, MARLENE
STREET ADDRESS 10780 S.W. 190TH STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Dr. J. Al Esquivel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06

Date

(305) 238-0477

Daytime Phone #