

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90168 001 \*1,428.75

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04032008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # G80761</b> 1. Entity Name <b>U.S. OVERSEAS ASSURANCE LTD. INC.</b>					
Principal Place of Business <b>10780 S.W. 190TH STREET</b> <b>MIAMI, FL 33157 US</b>			Mailing Address <b>10780 S.W. 190TH STREET</b> <b>MIAMI, FL 33157 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9955 S.W. 87th Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>9955 S.W. 87th Ct.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, Florida</b> Zip <b>33176</b>		City & State <b>MIAMI, Florida</b> Zip <b>33176</b>		4. FEI Number <b>59-2379228</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ESQUIVEL, J. AL, DR.</b> <b>10780 S.W. 190TH STREET</b> <b>MIAMI, FL 33157</b>				7. Name and Address of New Registered Agent Name <b>Dr. J. Al Esquivel</b> Street Address (P.O. Box Number is Not Acceptable) <b>9955 S.W. 87th Ct.</b> City <b>MIAMI, Florida</b> <b>FL</b> Zip Code <b>33176</b>	
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 <b>Dr. J. Al Esquivel</b> DATE <b>04-03-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCS</b> <b>ESQUIVEL, J. AL, DR.</b> <b>10780 S.W. 190TH STREET</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESQUIVEL, J. AL, DR.</b> <b>10780 S.W. 190TH STREET</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CARRIO, MARLENE</b> <b>10780 S.W. 190TH STREET</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <b>Dr. J. Al Esquivel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-03-08 <small>Date</small>		(305) 238-0477 <small>Daytime Phone #</small>	