

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80761

FILED  
Apr 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9955 SW 87TH CRT  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

9955 SW 87TH CRT  
MIAMI, FL 33176 US

**New Mailing Address:**

FEI Number: 59-2379228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ESQUIVEL, J. AL DR  
9955 SW 87TH CRT  
MIAMI, FL 33176 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: PCS ( ) Delete  
Name: ESQUIVEL, J. AL, DR.  
Address: 9955 SW 87 CRT  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: ESQUIVEL, J. AL, DR.  
Address: 9955 SW 87 CRT  
City-St-Zip: MIAMI, FL 33176 US

Title: VD ( ) Delete  
Name: CARRIO, MARLENE  
Address: 9955 SW 87 CRT  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DR. J. AL ESQUIVEL

PCS

04/02/2009

Electronic Signature of Signing Officer or Director

Date