2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H13669

1. Entity Name

A ALL SOUTHWEST INSURANCE AGENCY, INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1827 NE MIAMI GARDENS MIAMI, FL 33179 1827 NE MIAMI GARDENS MIAMI, FL 33179



DO NOT WRITE IN THIS SPACE

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1032007	No Cha-P	CR2E034 (11/05)	

5. Certificate of Status Desired		\$8.75 Additional
59-2408114		Not Applicable
4. FEI Number	Applied For	

6. Name and Address of Current Registered Agent

KENNEDY, WAYNE G 1827 N.E. MIAMI GARDENS DR. MIAMI, FL 33179

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADORESS CITY-ST-ZIP	STP KENNEDY, WAYNE G 1827 N.E. MIAMI GARDENS DR. MIAMI, FL 33179			
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in :	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000714372 04/27/07-80020-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
indicated of the cor	certify that the information supplied with this fi on this report or supplemental jepon is true a reporation or the receiver or trustee empowere , or on an attachment with an addyses, with a	and accurate and that my signa	emptions contained in Chapter 11 fure shall have the same legal effe red by Chapter 607, Florida Statut	Fiorida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if