2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95973

FILED Mar 10, 2009 Secretary of State

Entity Name: AA SHOPRITE INSURANCE AGENCY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	TH U.S. # 1				
SUITE#8 FORT PIF	RCE, FL 34982				
	lailing Address		New Mailing Addre	955.	
		•	itow maning radio		
2721 SOU SUITE#8	TH U.S. # 1				
	RCE, FL 34982				
El Number	: 65-0125503	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
ΓROMBA,					
	RESTON LANE CIE, FL 34983	US			
	1 121	bmits this statement for the	purpose of changing its register	red office or registered agent, or both,	
n the State	e of Florida.				
	e of Florida.				
n the State	e of Florida.	c Signature of Registered Ac		Date	
n the State	e of Florida. RE: Electronic			Date	
n the State	e of Florida. RE: Electronic	c Signature of Registered Ac Trust Fund Contribution ().	gent	Date GES TO OFFICERS AND DIRECTOR	
n the State BIGNATUI Election Car DFFICER	e of Florida. RE: Electronic mpaign Financing	c Signature of Registered Ac Trust Fund Contribution ().	gent		
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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: ALICE A TROMBA PRES 03/10/2009