


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000071895</b>		
1. Entity Name <b>TRUCKERS INSURANCE ADVISOR LLC</b>		

Principal Place of Business <b>8302 NW 103 ST SUITE 102 HIALEAH GARDENS, FL 33016</b>	Mailing Address <b>8302 NW 103 ST SUITE 102 HIALEAH GARDENS, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-5225941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAMPOS, JAVIER  
27393 S DIXIE HWY  
MIAMI, FL 33032**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

U000000764731  
05/31/07-80009-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUSTO, OLGA 155 NW 207 TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARAZONA, PEDRO 5311 105 AVE SOUTH LAKEWORTH, FL 33467
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05/31/07-80009-003 5.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

**SIGNATURE:** Olga Busto - OLGA BUSTO MGR. 4/30/07 305-817-8422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #