2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

	ANNUA	LREPURI	,)	366161	iaiy ui si	iaic
1. Entity Nam	MENT # L28262 out insurance, inc.			d i	04-11-200	8 90051 050 ***1:	50.00
Principal Plac	e of Business	Mailing Address		7			
17891 S DIXIE HWY 17891 S DIXIE HWY			·				
105		105					
MIAMI, FL 3	3157	MIAMI, FL 33157			11		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02222008	Chg-P	CR2E034 (12/06)	
City & State	e	City & State		4. FEI Number 65-0118			pplied For at Applicable
Zip	Country	Zip	Country		f Status Desired	□ \$8.75 Add	litional
		10	· · · · · · · · · · · · · · · · · · ·	_ <u> </u>		Fee Require	d
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and A	adress of New	Registered Agent	
MARRERO	D, HILDA						
14370 SW	156 ST ∰ 🖑		Street Addres	s (P.O. Box Number	is Not Acceptab	ile)	
MIAMI, FL	33177						
						l = : 0 .	
			City			FL Zip Cod	e
	named entity submits this statement ions of registered agent.		agistered office or regis		, in the State of F	iorida. I am Iamiliar with,	and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		oution. 🗀 Å	55.00 May Be dded to Fees			
10.	OFFICERS ANI	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	
TITLE .	P MARRÉRO, HILDA	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	14370 SW 156 ST		STREET ADORESS				•
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP				
TITLE	V	□ Delete	TITLE			☐ Change	☐ Addition
NAME	CHASKES, JOEL		NAME	•		_ *	_
STREET ADDRESS	9971 SW 153 ST		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		П 6	1			□ Channa	Addition
NAME		Delete	TITLE NAME			☐ Change	T 4001001
STREET ADDRESS			STREET ADDRESS				
CITY-\$1-ZIP			CITY-SI-ZIP				
12. I hereby	certify that the information supplied wi	ith this filing does not qualify for	the exemptions contain	ned in Chapter 119.	Florida Statutes	I further certify that the i	nformation

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 efficer or director of the corporation or the receiver or trustee empowered to execute this aport 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08 351-3090 Dayline Phone # ATTACHMENT

FLORIDA	DEPARTM	ENT	OF	STATE
Division	OF CORE	ORA	T10	NS

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L28262

Business Entity Name ALL ABOUT INSURANCE, INC.

FEI Number 65 - 0118856

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No \$8.75 each

Election Campaign Financing Trust Fund Contribution

No

Principal Place of Business

Address

17891 \$ DIXIE HWY

(PO Box not acceptable)

Suite, Apt. #, etc.

105

City, State

MIAMI

, FL

Zip Code & Country 33157

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwis your mailing address.

Mailing address same as principal address

Address

17891 S DIXIE HWY

Suite, Apt. #, etc.

105

City, State

MIAMI

Zip Code & Country 33157

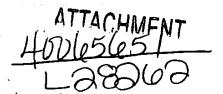
Name And Address of Registered Agent

Name (Last, First, Middle, Title) MARRERO

HILDA

- OR -

Business to serve as RA



_			
Ctmaat	Address	In Ela	aida.
ouee.	Aumess		IUG

14370 SW 156 ST

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State

MIAMI

FI

Zip Code & Country

33177 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title

Ρ

Name (Last, First, Middle, Title)

MARRERO

HILDA

- OR -

Entity Name to serve as Officer/Director

Street Address

14370 SW 156 ST

City, State

MIAM

FL

Zip Code & Country

33177

Name And Address #2

Title

V

Name (Last, First, Middle, Title)

CHASKES

, JOEL

- OR -

Entity Name to serve as Officer/Director

Street Address

9971 SW 153 ST

City, State

MIAMI

, FL

Zip Code & Country

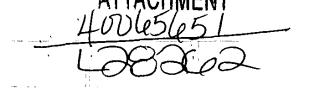
33157

Name And Address #3

Title

City, State

Zip Code & Country



An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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