


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2008 90051 050 ***150.00

DOCUMENT # L28262 1. Entity Name ALL ABOUT INSURANCE, INC.					
Principal Place of Business 17891 S DIXIE HWY 105 MIAMI, FL 33157			Mailing Address 17891 S DIXIE HWY 105 MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0118856			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARRERO, HILDA 14370 SW 156 ST MIAMI, FL 33177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, HILDA 14370 SW 156 ST MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHASKES, JOEL 9971 SW 153 ST MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Hilda Marrero</i>		Date 3-10-08 Daytime Phone # 305 251-3098			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40065651

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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 Yes No

Principal Place of Business

Address 17891 S 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. Otherwise your mailing address.

☐ Mailing address same as principal address

Address 17891 S DIXIE HWY

Suite, Apt. #, etc. 105

City, State MIAMI FL

Zip Code & Country 33157

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MARRERO HILDA

- OR -

Business to serve as RA

ATTACHMENT
4006565 /
L28062

Street Address In Florida 14370 SW 156 ST (PO Box not acceptable)
Suite, Apt. #, etc.
City, State MIAMI FL
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 P
Name (Last, First, Middle, Title) MARRERO HILDA
- OR -
Entity Name to serve as Officer/Director

Street Address 14370 SW 156 ST
City, State MIAMI 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

ATTACHMENT

40065651

L28262

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

[Handwritten 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.

Continue

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