

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90035 035 \*\*\*150.00

**DOCUMENT # L91790**

1. Entity Name

ONE WAY AUTO INSURANCE, INC.



Principal Place of Business

2809 BIRD AVENUE  
8  
COCONUT GROVE FL 33123  
US

Mailing Address

PO BOX 330759  
MIAMI FL 33323-0759  
US

2. Principal Place of Business

2809 Bird Ave  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 330759  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI 33133

City & State

MIAMI

4. FEI Number

65-0221192

Applied For

Not Applicable

Zip

33133

Country

AADE

Zip

33233

Country

AADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DAMARA  
2625 S W 80 AVE  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: ALFREDO MARTIN SR

Street Address (P.O. Box Number is Not Acceptable)

5860 SW 13 AVE

MIAMI 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. "Election" Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
MARTIN, ALFREDO, JR.  
2625 SW 80 AVE  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04

(305) 446-4360