

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		4. FEI Number 65-0221192																					
5. Certificate of Status Desired ☐				Applied For Not Applicable																					
6. Name and Address of Current Registered Agent MARTIN, ALFREDO SR 5860 SW 13 TERR MIAMI FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 is applicable) (NOTE: Registered Agent signature required when re-installing) DATE: _____																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>PSD MARTIN, ALFREDO, JR.</td> <td>2625 SW 80 AVE</td> <td>MIAMI FL</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		PSD MARTIN, ALFREDO, JR.	2625 SW 80 AVE	MIAMI FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U000000497617 ☐ Change ☐ Add 04/22/06-80060-020 150.00												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Alfredo Martin</i> <i>Rev</i> <i>4/6/06</i> <i>(303) 446 4360</i>																									