

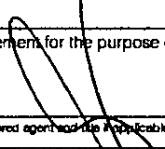
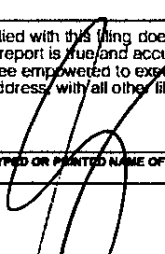


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
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
		
		01042007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0221192		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MARTIN, ALFREDO SR 5860 SW 13 TERR MIAMI, FL 33144		
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  <small>Signature, typed or printed name of registered agent, not applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/4/07
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTIN, ALFREDO, JR. 2625 SW 80 AVE MIAMI, FL	
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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: 		Date 4/4/07 Daytime Phone #