

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32979

FILED
Mar 26, 2009
Secretary of State

Entity Name: AUROMAR INSURANCE AGENCY, INC.

Current Principal Place of Business:

8732 N.W. 32ND AVE
MIAMI, FL 331472935

New Principal Place of Business:

Current Mailing Address:

8732 N.W. 32ND AVE
MIAMI, FL 331472935

New Mailing Address:

FEI Number: 59-2677838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLAZO, MARIO
9301 N.W. 32ND AVE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLAZO, MARIO,
Address: 9301 NW 32ND AVE
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: COLLAZO, AURORA,
Address: 9301 NW 32ND AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: COLLAZO, AURORA,
Address: 9301 NW 32ND AVENUE
City-St-Zip: MIAMI, FL 33147 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARI COLLAZO

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date