
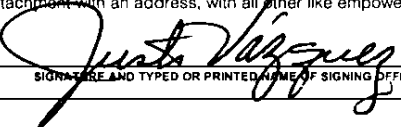


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90066 018 ***150.00

DOCUMENT # M33867 1. Entity Name JUSTO INSURANCE CORP.			
Principal Place of Business 7490 WEST FLAGLER STREET MIAMI, FL 33144		Mailing Address 7490 WEST FLAGLER STREET MIAMI, FL 33144	
2. Principal Place of Business - No P.O. Box # 3801 Southwest 107 Ave Suite, Apt. #, etc.		3. Mailing Address 3801 Southwest 107 Ave Suite, Apt. #, etc.	
City & State MIAMI Florida Zip 33165		City & State MIAMI Florida Zip 33165	
4. FEI Number 59-2710984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent VAZQUEZ, JUSTO 7490 WEST FLAGLER STREET MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Justo Vazquez Street Address (P.O. Box Number is Not Acceptable) 3801 SW 107 AVE City MIAMI FL Zip Code 33165	
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	PTS VAZQUEZ, JUSTO 7490 WEST FLAGLER STREET MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		4/18/08 305-332-5160 Date Daytime Phone #	