

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013476

FILED
Feb 25, 2008
Secretary of State

Entity Name: ASSURANCE ASSOCIATES UNDERWRITERS, INC.

Current Principal Place of Business:

8796 S.W. 8TH STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

8796 S.W. 8TH STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0989220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDE, PABLO M
8796 S.W. 8TH STREET
MIAMI, FL 33174 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: P () Delete
Name: CONDE, PABLO M
Address: 8798 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33174

Title: S (X) Delete
Name: CONDE, PABLO J
Address: 7780 SW 120 PL
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONDE, PABLO M
Address: 8796 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33174

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

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: PABLO M CONDE

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date