# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P00000029681

**Entity Name:** A-ONE DISCOUNT INSURANCE, INC.

**Current Principal Place of Business:**

13710 SW 56 STREET
SUITE K
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13710 SW 56 STREET
SUITE K
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number: 65-0998993** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IBARRA, FRANCISCO
13710 SW 56 STREET
SUITE K
MIAMI, FL 33175 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: PMC ( ) Delete
Name: IBARRA, FRANCISCO J
Address: 1904 SW 17 AVENUE # 6
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition
Name: ECHEVERRI, RAMONA E
Address: 2902 SW 152 COURT
City-St-Zip: MIAMI, FL 33185

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: RAMONA E ECHEVERRI S 04/30/2009

Electronic Signature of Signing Officer or Director — Date