2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073266

Entity Name: JUSTO AUTO INSURANCE SERVICES CORP.

FILED Jun 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

28931 SOUTH DIXIE HWY HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

28931 SOUTH DIXIE HWY HOMESTEAD, FL 33030

FEI Number: 65-1028433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTINEZ, EVELYN P MALDONADO, EDUARDO 28931 SOUTH DIXIE HWY 28931 SOUTH DIXIE HWY HOMESTEAD, FL 33030 US US HOMESTEAD, FL 33030

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: EVELYN PINEIRO MARTINEZ 06/04/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MALDONADO, EDUARDO Name: Name: MARTINEZ, EVELYN P 28931 SOUTH DIXIE HWY 28931 SOUTH DIXIE HWY Address: Address:

City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030

() Delete Title: Title: (X) Change () Addition Name: MALDONADO, MARIBETTE Name: MARTINEZ, EVELYN 28931 SOUTH DIXIE HWY Address: 28931 SOUTH DIXIE HWY Address: HOMESTEAD, FL 33030 City-St-Zip: City-St-Zip: HOMESTEAD, FL 33030

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.

Ρ SIGNATURE: EVELYN PINEIRO MARTINEZ 06/04/2008