## ,2008 FOR PROFIT CORPORATION. ANNUAL REPORT

## FILED May 08, 2008 8:00 am Secretary of State

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DOCUMENT # P00000078875  1. Entity Name SOUTH BAY INSURANCE, INC.									05-08-2008 9		)18 ***150	).00
Principal Place of Business Mailing Address								- 400000c				
321 US HWY 41 NORTH				319 US HIGHWAY 41 N, SUITE A								
				RUSKIN, FL 33570			.:					
								1 167 1167   111	Izili adin bah dan dan bah	1 <b>27</b> 111 1 <b>22</b> 01	18:50 (SIR (SSE) SX	
Principal Place of Business - No P.O. Box # 3. Mailing Address												
2, Findipar Flace of Business - No F.O. Bux #				a. Huming Addition				<b>                                    </b>		<b>                                    </b>		
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				04242008	Chg-P	CR2F	034 (12/06)	
City & State			0	City & State				4. FEI Number Applied For S9-3664064 Not Applicable				• • • • • • • • • • • • • • • • • • • •
Zip Country			<del>                                     </del>	Zip Cour				··			\$8.75 Add	
"					•	5. Certificate of Status Desired			Fee Required			
	6. Name an	d Address of Current	Regist	ered Agent		7. Name and Address of New Registered Agent					Agent	
CHAVEZ ADDIANA						-Name	-					
CHAVEZ, ADRIANA 319 US HIGHWAY 41 N, SUITE A						Street Address (P.O. Box Number is Not Acceptable)						
RUSKIN, FL 33570						<u> </u>						
						City				FI	Zip Code	9
8. The above	a named entity s	ubmits this statement for	or the p	urpose of changing its	register	ed office or	register	ed agent, or bot	n, in the State of Flo	rida. Lan	n familiar with,	and accept
the obligat	tions of registere	ed agent.										
SIGNATURE												
	Signature, typed or p	TAREO FAITE OF TOUSING BOOK	1 300 000 17	approprie. (1707)	riegioiere			,,	- · · ·			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0				9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
10.		OFFICERS AND	DIREC	TORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	ID DIRECTORS	S IN 11
TITLE	D,		•	☐ Delete	ŦITL						Change	☐ Addition
NAME	CHAVEZ, ADRIANA				NAM							
STREET ADDRESS CITY-ST-ZIP	534 RED MANGROVE LANE APOLLO BEACH, FL 33572				EET ADDRESS '-ST-ZIP							
TITLE	, a occobe			☐ Delete	TITL						☐ Change	Addition
NAME				- Delete	NAM	1						
STREET ADDRESS					STRI	EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE	-			Delete	TITL						☐ Change	☐ Addition
NAME STREET ADDRESS					NAM	ie Eet address						
CITY-ST-ZIP-	.			-		-ST-ZIP	-				<del>-</del> ~_	
TITLE				☐ Delete	TITL			*****			☐ Change	☐ Addition
NAME					NAM							
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CITY-ST-ZIP					CITY	'-ST-ZIP						
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CITY-ST-ZIP						r-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME	1			- DOING	NAN							

12. I hereby certify that the information supplied with the filling 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 rule 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 of flustee employered 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 employered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adriana Charz 5/5/08

813-645-1148

Daytime Phone #