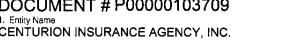
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000103709 1. Entity Name CENTURION INSURANCE AGENCY, INC.

FILED May 02, 2008 08:00 AN Secretary of State





Principal Place of Business

3904 WEST 12 AVENUE HIALEAH, FL 33012

Mailing Address

710 EAST 43 STREET HIALEAH, FL 33013



DO NOT WRITE IN THIS SPACE

No Chg-P 04282008 CR2E034 (11/05)

4. FEI Number 65-1052899

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE M 710 EAST 43 STREET HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Ognition, 1900 of philod rate of registrous again and title in applicable (1101). Togradiso			Agon signature	required witer follostating)	DATE .
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000943240 U00000943240 O5/29/08-80051-008 150.08
10.	OFFICERS AND DIREC	CTORS		AMEN'S TREAS	ALERS TRANSPORTED A TOTAL PROPERTY OF A STATE OF THE AREA TO A STATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JOSE M 710 EAST 43 STREET HIALEAH, FL 33013				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D GONZALEZ, ROSA 710 EAST 43 STREET HIALEAH, FL 33013				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			N	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE				しょちゅうき 関い芸婦な	"我事论知话,还在'胨' 實驗 医脱光电解性 灰化医手以气气 (二)

12. I hereby certify that the information supplied with this 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 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 reviewer 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 attachyment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

ER OR DIRECTOR

Daytma Phone #