

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 01000075289
1. Entity Name

OPTION ONE INSURANCE OF CORAL GABLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1807 Ponce de Leon Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Gables, FL.

Zip Country Zip Country
33134

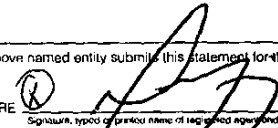
4. FEI Number Applied For
65-1126262 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILED
03 OCT 16 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/28/03--01073--004 **300.00
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name MARIO RIOS
Street Address (P.O. Box Number is Not Acceptable)
15650 SW 88 Ave.
City Palmetto Bay FL Zip Code 33157

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.
SIGNATURE  DATE 10/15/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARIO RIOS 15650 SW 88 Ave Palmetto Bay FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/28/03--01073--004 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	60002421547E 10/28/03--01073--004 **300.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all office duly empowered.

SIGNATURE  DATE 10/15/03 (305) 441-025
Signature and typed or printed name of signing officer or director

10/28/03--01073--004 **300.00
60002421547E
10/28/03--01073--004 **300.00
CORPREG0345 (7/20)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


MARIO RIOS
PRESIDENT