

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035557

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** ALPHA & OMEGA INSURANCE OF NAPLES INC.

**Current Principal Place of Business:**

2727 BAYSHORE DR UNIT #101  
NAPLES, FL 34112

**New Principal Place of Business:**

11925 COLLIER BLVD  
# 101  
NAPLES, FL 34116

**Current Mailing Address:**

2727 BAYSHORE DR UNIT #101  
NAPLES, FL 34112

**New Mailing Address:**

11925 COLLIER BLVD  
# 101  
NAPLES, FL 34116

**FEI Number:** 90-0065187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, MAYRA E  
3626 13TH AVE SW  
NAPLES, FL 34117 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: PSTD ( ) Delete  
Name: PEREZ, MAYRA E  
Address: 3626 13TH AVE SW  
City-St-Zip: NAPLES, FL 34117

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MAYRA E PEREZ

AGEN

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date