2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # P04000057423					07-09-2007 90049 024 ***158.75				
1. Emily flame. CAREALL INSURANCE CORPORATION									
15405 SW 297TH ST		Mailing Address 15405 SW 297TH ST HOMESTEAD, FL 3300	"			I M O O ~ .			
2. Principal Pla	ace of Business - No PD Box#	3. Mailing Address	Mailing Address						
Sate Apt # etc Suite, Apt #, etc					07032007	Chg-P	CR2E034 (12/06)		
l 		City & State	Cey & State		4. FEI Number 51-0503			pplied For of Applicable	
1 (1.00)		Z ₆)	Zeo Country			of Status Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agen					7. Name and A	Address of New	Registered Agent		
SPIEGEL & UTRERA, P.A.				Name					
1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOOR MIAMI, FL 33145									
IVIIAIVII, I C	33143		City				Zip Coc	ie	
						- 7-	<u> </u>		
	named antity submits this statement to ons of requillered ligent	er the purpose of changing its	s registerea offici	e or register	red agent, or both	i, in the State of F	lorida. I am lamiliar with	, and accept	
SIGNATURE	equation type where we come at regularies tage of	era Mili iraopinaswi (NC I	E. Houstered Agent so	gnature records	i when remstriting)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Final Trust Fund Contribution.					.00 May Be led to Fees	In accordance corporation did	with:s::607.193(2)(b); I not receive the prior	F:S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OF	FICERS AND DIRECTOR	IS IN 11	
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NAMI	ROCHE, AVEYLIN C		NAME	Yen	is Diaz 5 5.w. 29	c.t			
FIFEET ADERESS	15405 SW 297TH ST HOMESTEAD, FL 33033		STREET ADDRES	>> 1540 Hama	رج ع.ه. عم ماصمار جو	53053			
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CHY SE-7P THEF HAMI THE 2 HG I CHY 1 7P SHEF ADDRESS CHY SE-7P 12. I neleby C Indicated of the corp	erity that he information supplied vilton this report or supplie nental report is portion or the recover or frustee emptor on an attachmap will an address.	Defete This tiling does not qualify to bridge and accurate and that is owered to execute this report with all other like emocwered.	STREET ADDRES CITY-ST-ZIP IIILE HAME STREET ADDRES CITY ST ZIP TITLE NAMF STREET ADDRES CITY-ST-ZIP OF the exemption The exemption The sympature shall as required by (s contained all have the Chapter 607	same legal effect 7, Florida Statutes	as it made under	☐ Change . I further certify that the oath; that I am an officer	Addition Addition	