2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140329

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: SUPER INSURANCE OF EL MANA, INC.

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FILED Feb 04, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
11362 S.W. 184TH ST. MIAMI, FL 33157	
Current Mailing Address:	New Mailing Address:
11632 SW 184 ST MIAMI, FL 33157	11362 SW 184TH ST MIAMI, FL 33157
FEI Number: 77-0649665 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ROJAS, KADIOLNI 1238 SW 74 CT MIAMI, FL 33144 US	ROJAS, KADIOLNI 14485 SW 158 PL MIAMI, FL 33196 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: KADIOLNI ROJAS	02/04/2006
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: ROJAS, KADIOLNI Address: 1238 SW 74 CT City-St-Zip: MIAMI, FL 33144	Title: P (X) Change () Addition Name: ROJAS, KADIOLNI Address: 14485 SW 158 PL City-St-Zip: MIAMI, FL 33196
Title: () Delete Name:	Title: VP () Change (X) Addition Name: ROJAS, AGUSTIN

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

14485 SW 158 PL MIAMI, FL 33196

GRULLON, CARMEN

GONZALEZ, NORAIDA

7855 SW 40 ST

MIAMI, FL 33155

14485 SW 158 PL MIAMI, FL 33196

() Change (X) Addition

() Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: KADIOLNI ROJAS P 02/04/2006