2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140329

Address:

City-St-Zip:

14485 SW 158 PL

MIAMI, FL 33196

Entity Name: SUPER INSURANCE OF EL MANA, INC.

FILED Jan 09, 2008 Secretary of State

Name and Address of Current Registered Agent: ROJAS, KADIOLNI 14485 SW 158 PL MIAMI, FL 33196 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS Title: P () Delete Title: () Change () Addition Name: ROJAS, KADIOLNI Address: 14485 SW 158 PL Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196	nt Principal Pi		ainal Diago of De		New Principal Place	of Dunings	
Current Mailing Address: 11362 SW 184TH ST	-	1362 S.W.	•	asiness:	New Principal Place	or Business:	
11362 SW 184TH ST MIAMI, FL 33157 FEI Number: 77-0649665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: ROJAS, KADIOLNI 14485 SW 158 PL MIAMI, FL 33196 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P () Delete Title: () Change () Addition Name: ROJAS, KADIOLNI Name: ROJAS, KADIOLNI Name: NIMIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196	FL 33157	IIAMI, FL 3	157				
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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.

Address:

City-St-Zip:

SIGNATURE: KADIOLNI ROJAS P 01/09/2008