2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141597

Name:

Address:

City-St-Zip:

RILL, ABEL

14565 APALACHEE ST

NAPLES, F; 34114

FILED Mar 28, 2008 Secretary of State

Entity Name: ALL INSU	JRANCE SERVICES CORP.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
3682 W. 12 AVENUE HIALEAH, FL 33012				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
3682 W. 12 AVENUE HIALEAH, FL 33012				
FEI Number: 03-0549610	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
FERNANDEZ, INES J 17130 NW 47 COURT MIAMI, FL 33055 US				
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Name: FERNANDEZ, I) Delete NES J	Title: P Name: SOTO, CAMI	(X) Change ()Addition LO E	

17130 NW 47 COURT Address: 3682 W 12 AVE Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: HIALEAH, FL 33012 Title: () Delete Title: VΡ (X) Change () Addition RUIZ, JUAN C FERNANDEZ, INES J Name: Name: Address: 17130 NW 47 COURT Address: 17130 NW 47 COURT MIAMI, FL 33055 MIAMI, FL 33055 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () 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: INES J FERNANDEZ VΡ 03/28/2008