


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000075150</b>	
1. Entity Name LLAMAS INSURANCE, INC.	

Principal Place of Business 10521 S.W. 88 STREET SUITE E-106 MIAMI, FL 33176	Mailing Address 10521 S.W. 88 STREET SUITE E-106 MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

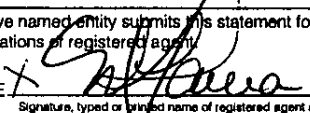
04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2176660	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LLAMAS, MARLENE D 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196
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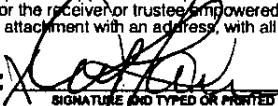
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.		
SIGNATURE 	MARLENE D LLAMA	04/10/08
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000895920 04/24/08-80086-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S LLAMA, MARLENE 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LLAMA, MICHELLE 8959 S.W. 150 CT CIR WEST MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 	MARLENE D LLAMA	04/10/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>