

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125118

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: A&A INSURANCE GROUP INC.

## Current Principal Place of Business:

1700 SW 57 AVE  
SUITE 216  
MIAMI, FL 33155

## New Principal Place of Business:

7801 SW 24 ST  
SUITE 104  
MIAMI, FL 33155

## Current Mailing Address:

6491 SW 23 ST  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 42-1692554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BENITEZ, ROBERT  
6491 SW 23 ST  
MIAMI, FL 33155      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BENITEZ, ROBERT  
Address: 6491 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) 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: ROBERT BENITEZ

PRES

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date