

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095103

FILED
Apr 29, 2008
Secretary of State

Entity Name: AT TAMIAMI SUPER INSURANCE, INC.

Current Principal Place of Business:

10465 SW 56 ST
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

PO BOX 832839
MIAMI, FL 33283

New Mailing Address:

FEI Number: 26-0809497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLULL, JENNIFER
10465 SW 56 ST
MIAMI, FL 33165 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: PD () Delete
Name: LLULL, JENNIFER
Address: 10465 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: LLULL, CARLA
Address: 10465 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: VPD () Delete
Name: MENA, MARIA J
Address: 10465 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: V (X) Delete
Name: GRULLON, CARMEN
Address: 10465 SW 56 ST.
City-St-Zip: MIAMI, FL 33283

Title: D (X) Delete
Name: FERNANDEZ, ALAN J
Address: 10465 SW 56 ST.
City-St-Zip: MIAMI, FL 33283

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LLULL, CARLA
Address: 10465 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: DT (X) Change () Addition
Name: MENA, MARIA J
Address: 10465 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JENNIFER LLULL

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date