2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130819

Entity Name: ONAS INSURANCE, INC.

LAUDERHILL, FL 33319

City-St-Zip:

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2857 NW 68TH LANE 5489 WEST ATLANTIC BLVD. MARGATE, FL 33063 MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 5489 WEST ATLANTIC BLVD. 2857 NW 68TH LANE MARGATE, FL 33063 MARGATE, FL 33063 FEI Number: 26-1549421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZAMBRANO, MAYRA B 2857 NW 68TH LANE MARGATE, FL 33063 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ZAMBRANO, MAYRA B Name: Name: 2857 NW 68TH LANE Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: () Delete Title: VΡ Title: (X) Change () Addition Name: LOPEZ, DIEGO H Name: LOPEZ. DIEGO H 3750 INVERRARY DR SURICH 13 Address: 2857 NW 68TH LANE Address:

MARGATE, FL 33063

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: MAYRA B. ZAMBRANO P 03/27/2008