P1000069060

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900183973999

SECRETARY OF STATE

SER 28 PMID.

Chandad H

FAX

Date: 9/28/2010

Pages including cover sheet:

1

To:	KAREN
	FLORIDA DIVISION OF C
Phone	
Fax Number	+1 (850) 245-6897

From:	A1 INSURANCE CORP	
	10391 S.W. 186 STREE	 Т
	MIAMI	
	FL 33177	
Phone	786-250-9638	
Fax Number	+1 (877) 826-0510	

NOTE:

MISS KAREN, THANK YOU FOR YOUR HELP IN THIS MATTER, PLEASE THE FEDERAL ID HAS TO BE INCLUDED IN MY CORPORATION ALSO PRINCIPAL ADDRESS HAS TO BE CHANGE.
MY CORPORATION NAME IS:

A1 INSURANCE CORP DOCUMENT# P10000069060

THE PRINCIPAL ADDRESS HAS TO BE CHANGE TO: 10391 S.W. 186 STREET MIAMI, FLORIDA 33157

ALSO THE FEDERAL ID NUMBER HAS TO BE ADDED: 27-3457562

THANK YOU SO MUCH FOR YOUR HELP IN THIS MATTER, WOULD YOU BE SO KITTO SEND ME A CHANGE CONFIRMATION BY FAX SO I COULD SHOW CITIZENS ABOUT THE CHANGE, PLEASE.

THANK YOU AND GOD BLESS YOU

NINOSCKA M. GOMEZ 786-250-9638 FILED