2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

DOCUMENT # P95000017966 1. Entity Name STATEWIDE AUTO INSURANCE AGENCY OF CENTRAL FLA., INC.				Secretary of State		
4851 S ORANGE AVE		Mailing Address 4851 S ORANGE AVE ORLANDO, FL 32806		<u> </u>		NARAH MUSUK HINDE BUMUK SI MENG
D	O NOT WRITE	IN THIS SPAC	ČE	01122006 No 0	Chg-P CR2	E034 (11/05)
		The State of the S		NOT APPLICA 5. Certificate of Status		Not Applicable \$8.75 Additional
	6. Name and Address of Current Ro	gistered Agent	maniana wa sana	S. OSIMOMO OF SERVICE		Fee Required
VALDERRAMA, JOAQUIN 4851 S. ORANGE AVE. ORLANDO, FL 32806			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for ti tions of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or both, in the	State of Florida. 1 a	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registated agent and	the Rapplicable. (NOTE Registers	d Agent signature required	when reinstating)	, . OATI	
	E NOWIII FEE 18 \$150,00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ad to Fees		
10. ITLE	OFFICERS AND D	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	VALDERRAMA, JOAQUIN 4893 S. ORANGE AVE. ORLANDO, FL 32806					
DITLE NAME STREET ADDRESS CITY-ST-ZIP	V DO, LIEN B 4893 S. ORANGE AVE. ORLANDO, FL 32806			Ú1	719706-800 719706-800	718 52-001 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby a indicated of the cor changed	certify that the information supplied with the or this report or supplemental report is traperation or the receiver or trustee empower, or on an attachment with an address, with the contract of the contract	is filing does not qualify for the ex- ue and accurate and that my signal ered to execute this report as requi- thall other/like empowered.	emptions contained ture shall have the s red by Chapter 607	in Chapter 119, Florida same legal effect as if m , Florida Statutes; and the	Statutes. I further o ade under oath; tha hat my name appea	vertify that the information I am an officer or director is in Block 10 or Block 11 if
SIGNATURE: TORON VALUE AND TYPED ON PRINCED HAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR						
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