2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# P96000028301

Entity Name: ASSURANCE ALTERNATIVES, INC.

Current Principal Place of Business:

15210 SW 154TH TERR
MIAMI, FL 33187 US

New Principal Place of Business:

16155 SW 117TH AVENUE
MIAMI, FL 33177 US

Current Mailing Address:

PO BOX 650190
MIAMI, FL 332650190 US

New Mailing Address:

FEI Number: 65-0707180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUNON, LUIS JR
15210 SW 154 TERRACE
MIAMI, FL 33187 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TUNON, LUIS JR
Address: 15210 SW 154 TERRACE
City-St-Zip: MIAMI, FL 33187

Title: STD ( ) Delete
Name: TUNON, AYMARA M
Address: 15210 SW 154 TERRACE
City-St-Zip: MIAMI, FL 33187

Title: VPD ( ) Delete
Name: MONTEAGUDO, RENE
Address: 8361 SW 32ND ST
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: BETANCOURT, KATHLEEN
Address: 16155 SW 117TH AVENUE
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AYMARA M TUNON STD 10/19/2004

Electronic Signature of Signing Officer or Director Date