


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000055429</b>	
1. Entity Name A-ONE BUDGET INSURANCE, INC.	

Principal Place of Business 5629 SW 8TH STREET MIAMI, FL 33134	Mailing Address 5629 SW 8TH STREET MIAMI, FL 33134
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0754403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MARTIN, ALFREDO SR. 5860 SW 13 TERR MIAMI, FL 33144	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/9/07</u>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ALFREDO JR 2625 SW 80TH AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SABATIER, PEDRO 310 NW 32 CT MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ORIHUELA, JULIO 5860 SW 13 TERR MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80044-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/9/07</u> Daytime Phone # <u>(305) 446-4360</u>