2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000055429

1. Entity Name
A-ONE BUDGET INSURANCE, INC.

Principal Place of Business	Mailing Address
5629 SW 8TH STREET MIAMI, FL 33134	5629 SW 8TH STREET MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

01182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0754403	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ALFREDO SR.
5860 SW 13 TERR
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000900253
04/29/08-80021-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, ALFREDO JR
STREET ADDRESS	2625 SW 80TH AVE
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	O
NAME	SABATIER, PEDRO
STREET ADDRESS	310 NW 32 CT
CITY-ST-ZIP	MIAMI, FL 33125

TITLE	O
NAME	ORIHUELA, JULIO
STREET ADDRESS	5860 SW 13 TERR
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _A. MARTIN   President_   4/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

(305) 446-4360