2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# P96000055429

Entity Name: A-ONE BUDGET INSURANCE, INC.

Current Principal Place of Business:

5629 SW 8TH STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

5629 SW 8TH STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0754403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARTIN, ALFREDO JR
Address: 2625 SW 80TH AVE
City-St-Zip: MIAMI, FL 33155

Title: O ( ) Delete
Name: ORIHUELA, JULIO
Address: 5860 SW 13 TERR
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MARTIN, DAMARA
Address: 2625 SW 80 AVE
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: A. MARTIN D 07/30/2009

Electronic Signature of Signing Officer or Director Date