


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90419 010 ***150.00

DOCUMENT # P97000004166 1. Entity Name OSCAR DEL MAZO, JR. INSURANCE AGENCY CORPORATION					
Principal Place of Business 1602 S.W. 8TH STREET MIAMI, FL 33135			Mailing Address 1602 S.W. 8TH STREET MIAMI, FL 33135		
2. Principal Place of Business 10760 SW 121 ST		3. Mailing Address P.O. Box 160207			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FLORIDA		City & State MIAMI, FLA.		4. FEI Number 65-0721476	
Zip 33176		Country DADG		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL MAZO, OSCAR JR 1602 S.W. 8TH STREET MIAMI, FL 33135			7. Name and Address of New Registered Agent Name: OSCAR DEL MAZO Street Address (P.O. Box Number is Not Acceptable): 10760 SW 121 ST City: Miami FL Zip Code: 33176		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DEL MAZO, OSCAR JR 10760 SW 121 ST MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Oscar Del Mazo</u> - OSCAR DEL MAZO 4-25-06 305-6432424 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					