2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000004166

1. Entity Name
OSCAR DEL MAZO, JR. INSURANCE AGENCY
CORPORATION

Principal Place of Business	Mailing Address
10760 SW 121 ST MIAMI, FL 33176	P.O. BOX 160207 MIAMI, FL 33116

DO NOT WRITE IN THIS SPACE

04142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0721476	Not Applicable

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

6. Name and Address of Current Registered Agent

DEL MAZO, OSCAR JR
10760 SW 121 ST
MIAMI, FL 33176

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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 _____
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

U000000902705
04/30/08 30016 020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DEL MAZO, OSCAR JR
STREET ADDRESS	10760 SW 121 ST
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
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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: _____ OSCAR DeL MAZO   4-14-08   305 643 2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #