


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90023 013 ***150.00

DOCUMENT # F06000007905					
1. Entity Name ONE INSURANCE, INC.					
Principal Place of Business LOS MUCHACHOS BLDG. 204 SAN FRANCISCO ST SAN JUAN, P.R., 00901		Mailing Address LOS MUCHACHOS BLDG. 204 SAN FRANCISCO ST SAN JUAN, P.R., 00901			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRABAL, ANTHONY ATRIUM AT CORAL GABLES 1500 ST. REMO AVE., SUITE 247B CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CHRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ DOMINGUEZ, RAMON A		NAME		
STREET ADDRESS	108 CRUZ ST. APT. 2-A		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN, 00901		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ DOMINGUEZ, RAMON A		NAME		
STREET ADDRESS	108 CRUZ ST. APT. 2-A		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN, 00901		CITY-ST-ZIP		
TITLE	VCHR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL CAMPILLO, RICARDO		NAME		
STREET ADDRESS	CALLE CIPRES E-12, URB. LA ARBOLEDA		STREET ADDRESS		
CITY-ST-ZIP	GUAYNABO, PR, 00966		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ BLANCO, RAMON A		NAME		
STREET ADDRESS	128 MIMOSA ST. SANTA MARIA		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN PR, 33926		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTIZ, ARTURO		NAME		
STREET ADDRESS	URB. TOMANY, 1863 SAN JOAQUIN		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN PR, 009235333		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUAREZ, CARMINA		NAME		
STREET ADDRESS	CALLE TOLOSA 295, URB. COLLEGE PARK		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN PR, 00921		CITY-ST-ZIP		
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: <i>Carmina J. Suarez</i>			2-13-08		(787) 725-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

105 17 F26 W49 22 1000 471 7