


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 716591 1. Entity Name LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA INC.	
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Principal Place of Business 2550 NW 72 AVE 318 MIAMI, FL 33122 US	Mailing Address P.O. BOX 520844 MIAMI, FL 33152
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1545691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLINAR, PEDRO M
6701 SUNSET DR
STE 100
MIAMI, FL 33143

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, ENRIQUE 2069 SW 8TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE LA PAZ, LOURDES 2001 NW 107TH AVENUE # 200 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, LUIS A 9786 SW 3 ST MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINGUEZ, GABRIELA 2550 NW 72 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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110000303818
01/25/06-80036-025 150.00

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 617, 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: Sabriel Dominguez 1-17-06 305 477-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #