

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716591

FILED
Jan 10, 2009
Secretary of State

Entity Name: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA INC.

Current Principal Place of Business:

2550 NW 72 AVE
318
MIAMI, FL 33122 US

New Principal Place of Business:

7490 WEST FLAGLER STREET
MIAMI, FL 33144 US

Current Mailing Address:

P.O. BOX 520844
MIAMI, FL 33152

New Mailing Address:

PO BOX 520844
MIAMI, FL 33152

FEI Number: 59-1545691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ-BERGUES & ASSOC PA
7490 WEST FLAGLER ST.
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: P () Delete
Name: RIVERO, NESTOR
Address: 2550 NW 72 AVE
City-St-Zip: MIAMI, FL 33122

Title: VP () Delete
Name: DE GONGORA, LUIS
Address: 2069 SW 8TH STREET
City-St-Zip: MIAMI, FL 33135

Title: S () Delete
Name: DOPAZO, ALEXANDER
Address: 2550 NW 72 AVE
City-St-Zip: MIAMI, FL 33122

Title: T () Delete
Name: MONNAR, CHRISTIAN
Address: 2550 NW 72 AVE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIVERO, NESTOR
Address: PO BOX 520844
City-St-Zip: MIAMI, FL 33152

Title: VP (X) Change () Addition
Name: DE GONGORA, LUIS
Address: PO BOX 520844
City-St-Zip: MIAMI, FL 33152

Title: S (X) Change () Addition
Name: DOPAZO, ALEXANDER
Address: PO BOX 520844
City-St-Zip: MIAMI, FL 33152

Title: T (X) Change () Addition
Name: MONNAR, CHRISTIAN
Address: PO BOX 520844
City-St-Zip: MIAMI, FL 33152

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR RIVERO

P

01/10/2009

Electronic Signature of Signing Officer or Director

Date