

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000958

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** SEGUROS SIN BARRERAS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6380 WILSHIRE BLVD  
1400  
LOS ANGELES, CA 90048

**New Principal Place of Business:**

**Current Mailing Address:**

6380 WILSHIRE BLVD  
1400  
LOS ANGELES, CA 90048

**New Mailing Address:**

**FEI Number:** 16-1758417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** RICO, VALERIA  
**Address:** 6380 WILSHIRE BLVD #1400  
**City-St-Zip:** LOS ANGELES, CA 90048

**Title:** CFO  
**Name:** RO, ROBERT  
**Address:** 6380 WILSHIRE BLVD #1400  
**City-St-Zip:** LOS ANGELES, CA 90048

**Title:** VP  
**Name:** OSPINA, NICOLAS  
**Address:** 6380 WILSHIRE BLVD #1400  
**City-St-Zip:** LOS ANGELES, CA 90048

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RO

CFO

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date