

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018017

FILED
Jul 24, 2006
Secretary of State

Entity Name: INTERAMERICAN INSURANCE BROKERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6210 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

800 W. CYPRESS CREEK RD.
SUITE 280
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6210 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308

New Mailing Address:

800 W. CYPRESS CREEK RD.
SUITE 280
FORT LAUDERDALE, FL 33309

FEI Number: 54-2080778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIR, HECTOR J
2655 LE JEUNE RD., SUITE 1107
MIAMI, FL 33134 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: PD () Delete
Name: VICENTINI, LUIS JOSE
Address: 6210 N. FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VICENTINI, LUIS J MR.
Address: 800 W. CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS J VICENTINI

PD

07/24/2006

Electronic Signature of Signing Officer or Director

Date