2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2008
Secretary of State

DOCUMENT# P02000018017

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

TORRES, OSVALDO F
ADORNO & YOSS LLP
2525 PONCE DE LEON BLVD., STE. 400
CORAL GABLES, FL 33134 US

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: OSVALDO F. TORRES 07/24/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: PAOLINI, JUAN CARLOS
Address: 800 W. CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DS ( ) Change (X) Addition
Name: LEAL, IVONNE
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 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: JUAN CARLOS PAOLINI D 07/24/2008
Electronic Signature of Signing Officer or Director Date