2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

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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:

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

OFFICERS AND DIRECTORS:

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

Title: DS
Name: LEAL, IVONNE
Address: 800 W. CYPRESS CREEK RD.
City-St-Zip: FORT LAUDERDALE, FL 33309

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: IVONNE LEAL D 01/07/2011

Electronic Signature of Signing Officer or Director — Date