## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000027254

Title:

Name:

Address:

City-St-Zip:

CST

( ) Delete

HERNANDEZ FUMERO, MARIO

7525 SW 72ND CT

MIAMI, FL 33163

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP

FILED Feb 03, 2005 Secretary of State

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.						
Current Principal Place of Business:			Nev	New Principal Place of Business:		
9600 NW 38TH STREET 3RD FLOOR MIAMI, FL 33178 US			3RD	9600 NW 38TH STREET 3RD FLOOR DORAL, FL 33178 US		
Current Mailing Address:			Nev	New Mailing Address:		
9600 NW 3 3RD FLOO MIAMI, FL			3RD	0 NW 38TH S1 0 FLOOR RAL, FL 33178		
FEI Number:	65-0653545	FEI Number Applied For ( )	FEI Number N	Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LEYVA, RAUL V 13344 SW 1 TERRACE MIAMI, FL 33126 US			1334	LEYVA, RAUL V 13344 SW 1 TERRACE MIAMI, FL 33184 US		
The above in the State		ubmits this statement for the p	urpose of cha	nging its regist	tered office or registered agent, or both,	
SIGNATURE: RAUL V. LEYVA				02/03/2005		
	Electroni	Signature of Registered Age	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () I LEYVA, RAUL V 13344 SW 1 TEF MIAMI, FL 3318		Title: Name Addre City-	e:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () I RODRIGUEZ, MI 300 SW 48TH AV MIAMI, FL 3313	/E.	Title: Name Addre City-	e:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () I DACAS, BRENDA 15634 NW 12TH HOLLYWOOD, F	СТ	Title: Name Addre City-	e:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I MONZON, PEDR 14790 SW 43RD MIAMI, FL 3318	WAY	Title: Name Addre City-:	e: MONZC ess: 14790 :	(X) Change ( ) Addition DN, PEDRO SW 43RD WAY FL 33185	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA DACAS T 02/03/2005

() Change () Addition