

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.

**Current Principal Place of Business:**

9600 NW 38TH STREET  
3RD FLOOR  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9600 NW 38TH STREET  
3RD FLOOR  
DORAL, FL 33178 US

**New Mailing Address:**

FEI Number: 65-0653545      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEYVA, RAUL V  
13344 SW 1 TERRACE  
MIAMI, FL 33184 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: P ( ) Delete  
Name: LEYVA, RAUL V  
Address: 13344 SW 1 TERRACE  
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete  
Name: RODRIGUEZ, MIGUEL A  
Address: 300 SW 48TH AVE.  
City-St-Zip: MIAMI, FL 33134

Title: T ( ) Delete  
Name: DACAS, BRENDA  
Address: 15634 NW 12TH CT  
City-St-Zip: HOLLYWOOD, FL 33028

Title: VP ( ) Delete  
Name: MONZON, PEDRO  
Address: 14790 SW 43RD WAY  
City-St-Zip: MIAMI, FL 33185

Title: CST ( ) Delete  
Name: HERNANDEZ FUMERO, MARIO  
Address: 7525 SW 72ND CT  
City-St-Zip: MIAMI, FL 33163

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRENDA DACAS

T

03/15/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date