

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: LIFE PARTNERS INSURANCE GROUP, CORP.

## Current Principal Place of Business:

3801 NW 97TH AVENUE  
4TH FLOOR  
DORAL, FL 33178 US

## New Principal Place of Business:

3801 NW 97TH AVENUE  
SUITE # 400, 4TH FLOOR  
DORAL, FL 33178 US

## Current Mailing Address:

3801 NW 97TH AVENUE  
4TH FLOOR  
DORAL, FL 33178 US

## New Mailing Address:

3801 NW 97TH AVENUE  
SUITE # 400, 4TH FLOOR  
DORAL, FL 33178 US

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

Title: D ( ) Delete  
Name: RODRIGUEZ, MIGUEL A  
Address: 14352 SW 40TH TERRACE  
City-St-Zip: MIAMI, FL 33175

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

Title: D (X) Delete  
Name: MONZON, PEDRO  
Address: 4588 56 LANE  
City-St-Zip: VERO BEACH, FL 32967

Title: D (X) 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 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: RAUL LEYVA

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date