

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027254

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** LIFE PARTNERS INSURANCE GROUP, CORP.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

3801 NW 97TH AVENUE  
SUITE # 400, 4TH 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:**

RODRIGUEZ, MIGUEL A  
14352 SW 40TH TERRACE  
MIAMI, FL 33175 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: MIGUEL RODRIGUEZ

04/05/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LEYVA, RAUL V  
Address: 13344 SW 1 TERRACE  
City-St-Zip: MIAMI, FL 33184

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

Title: CS  
Name: DACAS, BRENDA  
Address: 15634 NW 12TH CT  
City-St-Zip: HOLLYWOOD, FL 33028

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: MIGUEL RODRIGUEZ

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04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date